

1

INSTRUCTIONS

1 TO ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. The bottom copy may be retained by the hospital or attending physician.

2 TO FUNERAL DIRECTOR: The law requires that the death certificate be filed with the registrar within 72 hours after death. After this certificate has been executed by the attending physician and completely filled in by the funeral director, the third copy of this death certificate assembly should be detached for use as a burial transit permit.

VS AISC 1-55 10M

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

01007

1031

CERTIFICATE OF DEATH

Reg. Dist. No. 260

1. PLACE OF DEATH				2. USUAL RESIDENCE (HOME) OF DECEASED			
COUNTY Somerset		MARYLAND		STATE Md.		COUNTY Somerset	
CITY (If outside corporate limits, write RURAL and give nearest town)		LENGTH OF STAY (in this place)		CITY (If outside corporate limits, write RURAL and give nearest town)			
TOWN Princess Anne				TOWN Princess Anne			
HOSPITAL OR INSTITUTION OR STREET ADDRESS				STREET ADDRESS (If rural give location)			
3. NAME OF DECEASED (Type or Print)				4. DATE OF DEATH			
(First) George (Middle) H. (Last) Alder				(Month) Jan. (Day) 26 (Year) 1956			
5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, or SEPARATE	8. DATE OF BIRTH	9. AGE last birthday	IF UNDER 1 YEAR		IF UNDER 24 HRS.
male	white	divorced	Nov. 9, 1906	49 yrs.	Months	Days	Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country)		12. CITIZEN OF WHAT COUNTRY?	
Farming		farming		Tennessee		U.S.A.	
13. FATHER'S NAME				14. MOTHER'S MAIDEN NAME			
Fohn H. Alder				Maude M. Garrett			
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unk.)		16. SOCIAL SECURITY NO.		17. INFORMANT & ADDRESS			
no		no		Mr Roy Alder Princess Anne, Md.			
1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH				16. MEDICAL CERTIFICATION			
420.1				Coronary Thrombosis			
IMMEDIATE CAUSE (A)				INTERVAL BETWEEN ONSET AND DEATH			
ANTECEDENT CAUSE(S) DUE TO				4 hrs.			
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST.							
DUE TO (B)							
DUE TO (C)							
11. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.				2 yrs			
19a. DATE OF OPERATION				19b. MAJOR FINDINGS OF OPERATION			
21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)		21b. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)		21c. WHERE DID INJURY OCCUR? (City or town)		(County) (State)	
<input type="checkbox"/>				none			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour)		21a. INJURY OCCURRED While at work <input type="checkbox"/> Not while at work <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?			
		M.					
22. I hereby certify that I attended the deceased from Nov , 19 55 , to Jan. 26 , 19 56 , that I last saw the deceased alive on Jan 26 , 19 56 , and that death occurred at 4:30 P.M. from the causes and on the date stated above.							
SIGNATURE D. Frank Gigant				ADDRESS (Street, city, town, state) 20 Prince William St. Princess Anne			
DATE 1/28/56				DATE SIGNED 20 Prince William St. Princess Anne			
23. BURIAL, CREMATION, REMOVAL (SPECIFY)		DATE THEREOF		NAME OF CEMETERY OR CREMATORY		LOCATION (City, town, or county) (State)	
burial		1-28, 1956		Manokin Presbyterian Cem.		Princess Anne, Md.	
24. REC'D BY REGISTRAR		REGISTRAR'S SIGNATURE		25. FUNERAL DIRECTOR'S SIGNATURE		ADDRESS	
1/28/56		R. S. Johnson M.D.		Levin R. Wilson		Pr. Anne, Md.	

CERTIFICATE OF DEATH

1931

Name of deceased		Princess Anne	
Sex		Female	
Age		30 years	
Date of birth		Nov. 2, 1900	
Place of birth		London, England	
Cause of death		Tuberculosis	
Date of death		Jan. 15, 1931	
Place of death		New York City, N.Y.	
Signature of physician		George W. Carter	
Signature of registrar		John E. Allen	
Signature of informant		John E. Allen	
Address of informant		100 West 10th St., New York City, N.Y.	

BUREAU V. S.

FEB 1 1936

RECEIVED

1

INSTRUCTIONS

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2 **TO FUNERAL DIRECTOR:** The law requires that the death certificate be filed with the registrar within 72 hours after death. After this certificate has been executed by the attending physician and completely filled in by the funeral director, the third copy of this death certificate assembly should be detached for use as a burial transit permit.

VS AISC 1-55 104

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

1032

CERTIFICATE OF DEATH

01008

Reg. Dist. No. 260

1. PLACE OF DEATH				2. USUAL RESIDENCE (HOME) OF DECEASED			
COUNTY Somerset		MARYLAND		STATE Maryland		COUNTY Somerset	
CITY (If outside corporate limits, write RURAL and give nearest town)		LENGTH OF STAY (in this place)		CITY (If outside corporate limits, write RURAL and give nearest town)			
X TOWN Princess Anne		16 yrs.		TOWN Princess Anne, Md.		X	
HOSPITAL OR INSTITUTION OR STREET ADDRESS				STREET ADDRESS (If rural give location)			
Antioch Ave							
3. NAME OF DECEASED (Type or Print)				4. DATE OF DEATH			
(First) Thomas (Middle) Henry (Last) Brittingham				(Month) January (Day) 23 (Year) 1956			
5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, or SEPARATED	8. DATE OF BIRTH	9. AGE last birthday	IF UNDER 1 YEAR		IF UNDER 24 HRS.
male	white	widowed	Feb. 23, 1862	93 yrs.	Months	Days	Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)			10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country)		12. CITIZEN OF WHAT COUNTRY?
Farmer					Maryland		U.S.
13. FATHER'S NAME				14. MOTHER'S MAIDEN NAME			
William Brittingham				Emmaline Richards			
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unk.)		16. SOCIAL SECURITY NO.		17. INFORMANT & ADDRESS			
no		none		Everett Brittingham, Princess Ann			
I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH				18. MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH	
331 X IMMEDIATE CAUSE (A)				Cerebral vascular accident		1/2 hour	
ANTECEDENT CAUSE(S) DUE TO				arteriosclerotic vascular disease		3 years	
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST.				DUE TO			
				(C)			
19. DATE OF OPERATION				19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY?	
1-19-56				INGUINAL HERNIA		YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)		21b. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)		21c. WHERE DID INJURY OCCUR? (City or town)		(County) (State)	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour)		21e. INJURY OCCURRED While at work <input type="checkbox"/> Not while at work <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from 10:39, 1951, to 1-23, 1956, that I last saw the deceased alive on 1-22, 1956, and that death occurred at 9:10 P.M. from the causes and on the date stated above.							
SIGNATURE				DATE SIGNED			
Geo M Dunn				1-24-56			
M.D. Princess Anne Md.							
23. BURIAL, CREMATION, REMOVAL (SPECIFY)		DATE THEREOF		NAME OF CEMETERY OR CREMATORY		LOCATION (City, town, or county) (State)	
burial		Jan. 25, 1956		Salem Methodist		Pocomoke City Md.	
24. REC'D BY REGISTRAR		REGISTRAR'S SIGNATURE		25. FUNERAL DIRECTOR'S SIGNATURE			
DATE 1/25/56		R. S. Johnson, M.D.		James L. Berman			

CERTIFICATE OF DEATH

1955

Form with multiple sections for recording death information, including fields for name, date, time, place, and cause of death. The form is mostly blank with some faint markings.

BUREAU V. S.

JAN 26 1955

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RECEIVED
JAN 26 1955
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

FOR MEDICAL EXAMINERS

Reg. Dist. No.

1933

1. PLACE OF DEATH COUNTY <u>Somerset</u> MARYLAND		2. USUAL RESIDENCE (HOME) OF DECEASED STATE <u>Maryland</u> COUNTY <u>Somerset</u>	
CITY (If outside corporate limits, write RURAL and give nearest town) TOWN <u>Wenona</u>		CITY (If outside corporate limits, write RURAL and give nearest town) TOWN <u>Wenona</u>	
HOSPITAL OR INSTITUTION OR STREET ADDRESS		STREET ADDRESS (If rural, give location)	
3. NAME OF DECEASED (Type or Print)	(First) <u>John</u> (Middle) <u>R.</u> (Last) <u>Campbell</u>	4. DATE OF DEATH (Month) <u>Jan.</u> (Day) <u>11</u> (Year) <u>1956</u>	
5. SEX <u>male</u>	6. COLOR OR RACE <u>white</u>	7. SINGLE, MARRIED, WIDOWED, DIVORCED, <u>Married</u>	8. DATE OF BIRTH <u>March 24, 1890</u>
9. AGE last birthday <u>65</u> yrs.		10. AGE last birthday If under 1 year: Months <u> </u> Days <u> </u> Hours <u> </u> Min. <u> </u>	
10a. USUAL OCCUPATION (Give kind of work during most of working life, even if retired) <u>retired Machinist</u>		10b. KIND OF BUSINESS OR INDUSTRY	
11. BIRTHPLACE (State or foreign country) <u>New Jersey</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13. FATHER'S NAME <u>Joseph Campbell</u>		14. MOTHER'S MAIDEN NAME <u>Rosa Wheatley</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no</u>		16. SOCIAL SECURITY NO. <u> </u>	
17. INFORMANT <u>Mrs. Gladys Campbell Wenona, Md.</u>		18. MEDICAL CERTIFICATION	
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH <u>241X</u> Immediate cause (a) <u>Acute coronary heart disease</u> Antecedent cause(s) (b) <u>Atherosclerotic heart disease</u> Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (c) <u>Chronic Bronchitis</u>		INTERVAL BETWEEN ONSET AND DEATH <u> </u> years <u> </u> years	
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing in the death but not related to the disease or condition causing death <u>was dead when I was called</u>		20. AUTOPSY? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION	
21. EXTERNAL CAUSE WAS PRIMARY <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH.		PLACE (Home, farm, factory, street, office bldg., etc.) INJURY	
TIME (Month) (Day) (Year) (Hour) OF INJURY		INJURY OCCURRED While at work <input type="checkbox"/> Not while at work <input type="checkbox"/>	
HOW DID INJURY OCCUR?		(CITY OR TOWN) (COUNTY) (STATE)	
22. I certify that I took charge of the remains described above, held an Autopsy <input type="checkbox"/> , Inspection <input checked="" type="checkbox"/> , Inquiry <input checked="" type="checkbox"/> thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes <input checked="" type="checkbox"/> , accident <input type="checkbox"/> , suicide <input type="checkbox"/> , homicide <input type="checkbox"/> , undetermined <input type="checkbox"/> .			
SIGNATURE <u>Robert M. D.</u>		ADDRESS <u>Princess Anne, Md.</u> DATE SIGNED <u>Jan 14-56</u>	
23. BURIAL, CREMATION REMOVAL (Specify) <u>burial</u>		DATE THEREOF <u>I-15-1956</u>	
NAME OF CEMETERY OR CREMATORY <u>St. John Cemetery</u>		LOCATION (City, town, or county) (State) <u>Deal Island, Maryland</u>	
DATE REC'D BY LOCAL REG. <u>1-15-56</u>		24. FUNERAL DIRECTOR <u>Lola J. Wheatley</u> ADDRESS <u>Princess Anne, Maryland</u>	

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

BUREAU V. B.

JAN 17 1956

RECEIVED

1

INSTRUCTIONS

1 The law requires that the death certificate be completed within **24 hours** after death. The bottom copy may be retained by the hospital or attending physician.

2 The law requires that the death certificate be filed with the registrar within **72 hours** after death. After this certificate has been executed by the attending physician and completely filled in by the funeral director, the third copy of this death certificate assembly should be detached for use as a burial transit permit.

VS AISC 1-55 10M

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

01011

1935

CERTIFICATE OF DEATH

Reg. Dist. No. 360

1. PLACE OF DEATH				2. USUAL RESIDENCE (HOME) OF DECEASED			
COUNTY <u>SOMERSET</u>		MARYLAND		STATE		COUNTY <u>SOMERSET</u>	
CITY (If outside corporate limits, write RURAL and give nearest town)		LENGTH OF STAY (in this place)		CITY (If outside corporate limits, write RURAL and give nearest town)		OR TOWN	
TOWN <u>PRINCESS ANNE</u>		<u>LIFE TIME</u>		TOWN <u>PRINCESS ANNE</u>			
HOSPITAL OR INSTITUTION OR STREET ADDRESS				STREET ADDRESS (If rural give location)			
3. NAME OF DECEASED (Type or Print)				4. DATE OF DEATH		5. DATE OF DEATH	
(First) <u>MARY</u> (Middle) <u>COLLINS</u> (Last)				(Month) <u>1</u> (Day) <u>15</u> (Year) <u>56</u>			
6. SEX	7. COLOR OR RACE	8. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	9. DATE OF BIRTH	10. AGE last birthday	11. IF UNDER 1 YEAR	12. IF UNDER 24 HRS.	
<u>FEMALE</u>	<u>COLORED</u>	<u>SINGLE</u>	<u>?</u>	<u>70</u> Yrs.	Months	Days	Hours
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country)		12. CITIZEN OF WHAT COUNTRY?	
<u>MIDWIFE</u>		<u>MIDWIFE</u>		<u>SOMERSET COUNTY MARYLAND</u>		<u>USA.</u>	
13. FATHER'S NAME				14. MOTHER'S MAIDEN NAME			
<u>JOHN MORRIS</u>				<u>ANNIE COLLINS</u>			
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unk.)		16. SOCIAL SECURITY NO.		17. INFORMANT & ADDRESS			
(If Yes, give war or dates of service)				<u>GOLDON HANDY PRINCESS ANNE MD</u>			
I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH				18. MEDICAL CERTIFICATION			
IMMEDIATE CAUSE (A) <u>Cardiac DeCompensation & Venous</u>				INTERVAL BETWEEN ONSET AND DEATH <u>6 months</u>			
ANTECEDENT CAUSE(S) DUE TO (B) <u>Stasis</u>							
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. DUE TO (C)							
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.							
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY?		YES <input type="checkbox"/> NO <input type="checkbox"/>	
21a. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH (If either, notify medical examiner)		21b. PLACE (Home, farm, factory, of injury street, office bldg., etc.)		21c. WHERE DID INJURY OCCUR? (City or town) (County) (State)			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour)		21e. INJURY OCCURRED While at work <input type="checkbox"/> Not while at work <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?			
		M.					
22. I hereby certify that I attended the deceased from <u>Sept 20, 1956</u> , to <u>Jan 15, 1956</u> , that I last saw the deceased alive on <u>Jan 14, 1956</u> , and that death occurred at <u>7:30 AM</u> , from the causes and on the date stated above.							
SIGNATURE <u>Gordon E. Markman</u> M.D.				ADDRESS (Street, city, town, state) <u>Princess Anne md</u>		DATE SIGNED <u>1-17-56</u>	
23. BURIAL, CREMATION, REMOVAL (SPECIFY)		DATE THEREOF		NAME OF CEMETERY OR CREMATORY		LOCATION (City, town, or county) (State)	
<u>BURIAL</u>		<u>1/20/56</u>		<u>MOUNT HOPE</u>		<u>PRINCESS ANNE MD</u>	
24. REC'D BY REGISTRAR		REGISTRAR'S SIGNATURE		25. FUNERAL DIRECTOR'S SIGNATURE		ADDRESS	
<u>1/18/56</u>		<u>R. S. Johnson, M.D.</u>		<u>William H. James Jr. Funeral</u>		<u>Princess Anne md</u>	

CERTIFICATE OF DEATH

Part I - Cause of Death

1. Name of Deceased

2. Sex

3. Age

4. Date of Death

5. Place of Death

6. Signature of Physician

7. Signature of Registrar

8. Signature of Coroner

9. Signature of Medical Examiner

10. Signature of Health Officer

11. Signature of Burial Officer

12. Signature of Funeral Home

13. Signature of Cemetery

14. Signature of Undertaker

15. Signature of Mortician

16. Signature of Embalmer

17. Signature of Crematorium

18. Signature of Burial Society

19. Signature of Cemetery Association

20. Signature of Burial Society

BUREAU V. S.

JAN 20 1956

RECEIVED

INSTRUCTIONS

CERTIFICATE OF DEATH

Reg. Dist. No. 265

1028

1. PLACE OF DEATH:				2. USUAL RESIDENCE (HOME) OF DECEASED:			
COUNTY Somerset		MARYLAND		STATE Maryland		COUNTY Somerset	
CITY (If outside corporate limits, write RURAL OR and give nearest town)		LENGTH OF STAY (in this place)		CITY (If outside corporate limits, write RURAL and give nearest town)			
39 TOWN Crisfield		30 years		TOWN Crisfield		37	
HOSPITAL OR INSTITUTION OR STREET ADDRESS		326 Pine St.		STREET ADDRESS (If rural give location)		326 Pine St.	
3. NAME OF DECEASED: (First) (Middle) (Last)				4. DATE OF DEATH: (Month) (Day) (Year)			
Laura Howeth Daugherty				January 17 19 56			
5. SEX:		6. COLOR OR RACE:		7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify):		8. DATE OF BIRTH:	
Female		White		Widowed		July 31, 1862	
10a. USUAL OCCUPATION. Give kind of work done during most of working life, even if retired:		10b. KIND OF BUSINESS OR INDUSTRY:		9. AGE last birthday: IF UNDER 1 YEAR IF UNDER 24 HRS.		93 yrs. Months Days Hours Min.	
Housewife		At Home		11. BIRTHPLACE (State or foreign country):		12. CITIZEN OF WHAT COUNTRY?	
Western Shore of Virginia		USA		13. FATHER'S NAME:		14. MOTHER'S MAIDEN NAME:	
Thomas Dodson		unknown		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.)		16. SOCIAL SECURITY No.:	
No		(If Yes, give war or dates of service)		None		17. INFORMANT & ADDRESS: S. Somerset Ave. Charles W. Howeth- Crisfield, Md.	
18. MEDICAL CERTIFICATION							
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH						Interval Between Onset And Death	
442X Immediate cause (a) Cerebral Hemorrhage - DUE TO						1 wk.	
Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b) Chronic Int Nephritis, Chronic Myocarditis DUE TO						years	
(c) General Arteriosclerosis						years	
II. OTHER SIGNIFICANT CONDITIONS							
Conditions contributing to the death but not related to the disease or condition causing death.							
19a. DATE OF OPERATION:				19b. MAJOR FINDINGS OF OPERATION			
20. AUTOPSY ?				Yes <input type="checkbox"/> No <input type="checkbox"/>			
21. ACCIDENT SUICIDE HOMICIDE (Specify)		PLACE (Home, farm, factory, street, OF office bldg., etc.)		(CITY OR TOWN)		(COUNTY) (STATE)	
INJURY		INJURY OCCURRED		HOW DID INJURY OCCUR ?			
TIME (Month) (Day) (Year) (Hour) OF INJURY		White at Work <input type="checkbox"/> Not White At Work <input type="checkbox"/>					
22. I hereby certify that I attended the deceased from <u>at intervals</u> since 19 <u>46</u> to <u>Jan. 17, 1956</u> , that I last saw the deceased alive on <u>Jan. 17, 1956</u> , and that death occurred at <u>6:00 P.M.</u> , from the causes and on the date stated above.							
SIGNATURE		(Degree or title)		ADDRESS		DATE SIGNED	
George E. Boulthorn M.D.		Marion Sta Ind		1-20-56			
23. BURIAL, CREMATION, REMOVAL (Specify)		DATE THEREOF		NAME OF CEMETERY OR CREMATORY		LOCATION (City, town, or county) (State)	
Burial		Jan. 20, 1956		Sunnyridge Cemetery		Crisfield, Md.	
DATE REC'D BY LOCAL REGISTRAR		REGISTRAR'S SIGNATURE		24. FUNERAL DIRECTOR		ADDRESS	
Jan. 20, 1956		Nellie D. Payne		Bradshaw & Sons--Crisfield, Md.			

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED

FEB 3 1956

BUREAU V. 5

CERTIFICATE OF DEATH

Reg. Dist. No. 265

1. PLACE OF DEATH				2. USUAL RESIDENCE (HOME) OF DECEASED			
COUNTY Somerset		MARYLAND		STATE Maryland		COUNTY Somerset	
CITY (If outside corporate limits, write RURAL and give nearest town) TOWN Crisfield		LENGTH OF STAY (in this place) 4 hours		CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Crisfield			
HOSPITAL OR INSTITUTION OR STREET ADDRESS McCready Hospital				STREET ADDRESS (If rural give location) Jacksonville Section			
3. NAME OF DECEASED (Type or Print) (First) GREGORY (Middle) WARREN (Last) DIZE				4. DATE OF DEATH (Month) (Day) (Year) January 13 19 56			
5. SEX Male	6. COLOR OR RACE White	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Single	8. DATE OF BIRTH February 20, 1955	9. AGE last birthday 0 yrs.	IF UNDER 1 YEAR Months 10 Days 23	IF UNDER 24 HRS. Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) None		10b. KIND OF BUSINESS OR INDUSTRY None		11. BIRTHPLACE (State or foreign country) Crisfield, Maryland		12. CITIZEN OF WHAT COUNTRY? USA	
13. FATHER'S NAME Donald Warren Dize				14. MOTHER'S MAIDEN NAME Virginia Lane Dize			
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unk.) N		16. SOCIAL SECURITY NO. None		17. INFORMANT & ADDRESS Rt. #1 Box 49 B Donald W. Dize-- Crisfield, Md.			
18. MEDICAL CERTIFICATION						INTERVAL BETWEEN ONSET AND DEATH	
I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH							
IMMEDIATE CAUSE (A) Heart Failure						15 min	
ANTECEDENT CAUSE(S) DUE TO (B) Virus Bacter. Enteritis						3 days	
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST, DUE TO (C)							
11 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.							
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION					
21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)		21b. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)		21c. WHERE DID INJURY OCCUR? (City or town) (County) (State)		20 AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) M.		21e. INJURY OCCURRED While at work <input type="checkbox"/> Not while at work <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from Jan 12, 19 56, to Jan 13, 19 56, that I last saw the deceased alive on Jan 13, 19 56, and that death occurred at 9 P.M. from the causes and on the date stated above.							
SIGNATURE A. N. Bann				ADDRESS (Street, city, town, state) Crisfield, Md.		DATE SIGNED Jan 14, 1956	
23. BURIAL, CREMATION, REMOVAL (SPECIFY) Burial		DATE THEREOF Jan. 15, 1956		NAME OF CEMETERY OR CREMATORY Sunnyridge Cemetery		LOCATION (City, town, or county) (State) Crisfield, Md.	
24. REC'D BY REGISTRAR DATE 1/16/56		REGISTRAR'S SIGNATURE Barbara S. Malone		25. FUNERAL DIRECTOR'S SIGNATURE Bradshaw & Sons--Crisfield, Md.			

INSTRUCTIONS

TO ATTENDING PHYSICIAN & HOSPITAL: The law requires that the death certificate be filed within 24 hours after death. The bottom copy may be retained by the hospital or attending physician.

TO FUNERAL DIRECTOR: The law requires that the death certificate be filed with the registrar within 72 hours after death. After this certificate has been executed by the attending physician and completely filled in by the funeral director, the third copy of this death certificate assembly should be detached for use as a burial transit permit.

VS AISC 1-55 10M



1923

CERTIFICATE OF DEATH

Reg. Dist. No. 265

1. PLACE OF DEATH				2. USUAL RESIDENCE (HOME) OF DECEASED			
COUNTY Somerset		MARYLAND		STATE Somerset		COUNTY Maryland	
CITY (If outside corporate limits, write RURAL and give nearest town)		LENGTH OF STAY (in this place)		CITY (If outside corporate limits, write RURAL and give nearest town)			
TOWN Crisfield		lifetime		TOWN Crisfield			
HOSPITAL OR INSTITUTION OR STREET ADDRESS				STREET ADDRESS (If rural give location)			
Chesapeake Ave.				Chesapeake Ave.			
3. NAME OF DECEASED (Type or Print)				4. DATE (Month) (Day) (Year)			
WILLIAM M. EVANS				DEATH January 14 19 56			
5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH	9. AGE last birthday	IF UNDER 1 YEAR	IF UNDER 24 HRS.	
Male	White	Single	May 3, 1899	56 yrs.	Months	Days	Hours
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country)		12. CITIZEN OF WHAT COUNTRY?	
Painter		For Himself		Crisfield, Maryland		USA	
13. FATHER'S NAME				14. MOTHER'S MAIDEN NAME			
John M. Evans				Harriet Virginia Bozman			
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)				16. SOCIAL SECURITY NO.		17. INFORMANT & ADDRESS	
Yes World War II						Sheriff Isaac Dorey-Crisfield, Md.	
I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH				18. MEDICAL CERTIFICATION			
IMMEDIATE CAUSE (A)				CORONARY DISEASE			
ANTECEDENT CAUSE(S) DUE TO (B)				Arterio Sclerosis			
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. DUE TO (C)							
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.				William H. Coulbourn, M. D. DEPUTY MEDICAL EXAMINER FOR SOMERSET COUNTY, MD.			
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY?			
				YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
21a. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)		21b. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)		21c. WHERE DID INJURY OCCUR? (City or town) (County) (State)			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour)		21e. INJURY OCCURRED White <input type="checkbox"/> Not white <input type="checkbox"/> M. <input type="checkbox"/> at work <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from _____ to _____, that I last saw the deceased alive on _____, and that death occurred on _____ from the causes and on the date stated above.							
SIGNATURE		M.D.		ADDRESS (Street, city, town, state)		DATE SIGNED	
Wm H Coulbourn		Crisfield Md		1-14-56 P.M.		Jan 17, 56	
23. BURIAL, CREMATION, REMOVAL (SPECIFY)		DATE THEREOF		NAME OF CEMETERY OR CREMATORY		LOCATION (City, town, or county) (State)	
Burial		Jan. 17, 1956		American Legion Cemetery		Crisfield, Maryland	
24. REC'D BY REGISTRAR		REGISTRAR'S SIGNATURE		25. FUNERAL DIRECTOR'S SIGNATURE		ADDRESS	
DATE 1/30/56		Barbara S. Adams		Bradshaw & Sons--Crisfield, Md.			

INSTRUCTIONS

HOSPITAL: The law requires that the death certificate be filed within 24 hours after death. The bottom copy may be retained by the hospital or attending physician.

TO ATTENDING PHYSICIAN: The law requires that the death certificate be filed with the registrar within 72 hours after death. After this certificate has been executed by the attending physician and completely filled in by the funeral director, the third copy of this death certificate assembly should be detached for use as a burial transit permit.

VS A15C 1-55 10M



Item 9, Film 331-1-16-56 et

CERTIFICATE OF DEATH

Reg. Dist. No. 261-

1. PLACE OF DEATH.				2. USUAL RESIDENCE (HOME) OF DECEASED			
COUNTY <u>Somerset</u>		MARYLAND		STATE <u>Maryland</u>		COUNTY <u>Somerset</u>	
CITY (If outside corporate limits, write RURAL and give nearest town) <u>Marion Station</u>		LENGTH OF STAY (in this place) <u>all of life</u>		CITY (If outside corporate limits, write RURAL and give nearest town) <u>Marion Station</u>			
HOSPITAL OR INSTITUTION OR STREET ADDRESS <u>R1 Bot 177</u>				STREET ADDRESS (If rural give location) <u>R1 Bot 177</u>			
3. NAME OF DECEASED (Type or Print)				4. DATE (Month) (Day) (Year)			
(First) <u>Edna</u>		(Middle) <u>R</u>		(Last) <u>Gross</u>		DATE <u>Jan. 2</u> 19 <u>56</u>	
5. SEX: <u>female</u>	6. COLOR OR RACE: <u>Negro</u>	7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify): <u>widowed</u>	8. DATE OF BIRTH: <u>April 15, 1901</u>	9. AGE last birthday <u>54</u> yrs	IF UNDER 1 YEAR Months	IF UNDER 24 HRS. Days	IF UNDER 60 MIN. Hours Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): <u>House work</u>		10B. KIND OF BUSINESS OR INDUSTRY:		11. BIRTHPLACE (State or foreign country): <u>Somerset</u>		12. CITIZEN OF WHAT COUNTRY? <u>U. S.</u>	
13. FATHER'S NAME: <u>John B. Handy</u>				14. MOTHER'S MAIDEN NAME: <u>Gertrude Spencer</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES (Yes, no, or unk.) (If Yes, give war or dates of service) <u>no</u>		16. SOCIAL SECURITY NO.		17. INFORMANT & ADDRESS: <u>John B. Handy (father)</u>			
18. MEDICAL CERTIFICATION							
I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH							
IMMEDIATE CAUSE (A) <u>Cerebral Hemorrhage</u>				INTERVAL BETWEEN ONSET AND DEATH <u>few hours</u>			
ANTECEDENT CAUSE (S) DUE TO (B) <u>Essential Hypertension (Primary)</u>				INTERVAL BETWEEN ONSET AND DEATH <u>Five years</u>			
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE, STATING UNDERLYING CAUSE LAST.							
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.							
19A. DATE OF OPERATION:		19B. MAJOR FINDINGS OF OPERATION					
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>							
21A. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)		21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.		21C. WHERE DID (City or town) (County) (State)		INJURY OCCUR?	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED While <input type="checkbox"/> Not while <input type="checkbox"/> at work at work		21F. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from <u>July 29, 1955</u> , to <u>Sept 29, 1955</u> , that I last saw the deceased alive on <u>Sept 29, 1955</u> , and that death occurred at <u>3:00 P.M.</u> from the causes and on the date stated above.							
SIGNATURE <u>A. N. Ben</u>		ADDRESS <u>Croft, Md</u>		DATE SIGNED <u>1/3/56</u>			
23. BURIAL, CREMATION, REMOVAL (SPECIFY) <u>Burial</u>		DATE THEREOF <u>1-5-56</u>		NAME OF CEMETERY OR CREMATORY <u>Branch Cemetery</u>		LOCATION (City, town, or county) (State) <u>Marion Som - Maryland</u>	
DATE REC'D BY LOCAL REGISTRAR <u>1-4-56</u>		REGISTRAR'S SIGNATURE <u>Nellie D. Payne</u>		24. FUNERAL DIRECTOR <u>George W. Silghman</u>		ADDRESS <u>Marion</u>	

MARGIN RESERVED FOR BINDING

VS. A15 — 10 - 53

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

U. S. AIR FORCE

RECEIVED

CERTIFICATE OF DEATH

Reg. Dist. No. 260

1038

1. PLACE OF DEATH:			2. USUAL RESIDENCE (HOME) OF DECEASED:		
COUNTY <u>SOLICSET</u> MARYLAND			STATE <u>MARYLAND</u> COUNTY <u>SOLICSET</u>		
CITY (If outside corporate limits, write RURAL OR and give nearest town) TOWN <u>PRINCESS ANNE, MD.</u>			CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN <u>PRINCESS ANNE, MD.</u>		
HOSPITAL OR INSTITUTION OR STREET ADDRESS			STREET ADDRESS (If rural give location)		
3. NAME OF DECEASED: (First) (Middle) (Last)			4. DATE (Month) (Day) (Year)		
CELESTE M. HAYLAN			OF DEATH: 1/9/56 19		
5. SEX:	6. COLOR OR RACE:	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH:	9. AGE last birthday	IF UNDER 1 YEAR
FEMALE	COLORED.	MARRIED	2/4/1885	70 yrs.	Months Days Hours Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)			10B. KIND OF BUSINESS OR INDUSTRY:	11. BIRTHPLACE (State or foreign country):	
RETIRED			SCHOOL TEACHER	FAIRMOUNT, MD. SOLICSET	
13. FATHER'S NAME:			14. MOTHER'S MAIDEN NAME:		
EDWARD WATERS			MARTHA TILGHMAN		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)			17. INFORMANT & ADDRESS:		
			WILLIAM H. HAYLAN PRINCESS ANNE, MD.		
16. MEDICAL CERTIFICATION					
I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH					
IMMEDIATE CAUSE		(A)	DUE TO		INTERVAL BETWEEN ONSET AND DEATH
ANTECEDENT CAUSE (B)		(B)	DUE TO		8 years
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST.		(C)			
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.					
19A. DATE OF OPERATION:		19B. MAJOR FINDINGS OF OPERATION			
0					
21A. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)		21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)		21C. WHERE DID (City or town) (County) (State)	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED While <input type="checkbox"/> Not while <input type="checkbox"/> at work <input type="checkbox"/> at work <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
		M.			
22. I hereby certify that I attended the deceased from Nov. 16, 1948 to Jan. 8, 1956 that I last saw the deceased alive on Jan 7, 1956, and that death occurred at 4:00 PM, from the causes and on the date stated above.					
SIGNATURE		ADDRESS		DATE SIGNED	
Eldon G. Markoman		M.D. Princess Anne MD		1-10-56	
23. BURIAL, CREMATION, REMOVAL (SPECIFY)		DATE THEREOF		NAME OF CEMETERY OR CREMATORY	
BURIAL		1/11/56		CENTINNEL CEMETERY	
				LOCATION (City, town, or county) (State)	
				FAIRMOUNT, MARYLAND	
DATE REC'D BY LOCAL REGISTRAR		REGISTRAR'S SIGNATURE		24. GENERAL DIRECTOR	
1/10/56		R. S. Johnson, M.D.		ADDRESS	
				William H. James, Jr. Princess Anne, MD	

MARGIN RESERVED FOR BINDING



1033

CERTIFICATE OF DEATH

Reg. Dist. No.

1. PLACE OF DEATH:				2. USUAL RESIDENCE (HOME) OF DECEASED:			
COUNTY <u>Somerset</u>		MARYLAND		STATE <u>Md</u>		COUNTY <u>Somerset</u>	
CITY (If outside corporate limits, write RURAL and give nearest town) <u>Chance</u>		LENGTH OF STAY <u>Life</u>		CITY (If outside corporate limits, write RURAL and give nearest town) <u>Chance Md</u>			
TOWN <u>Chance</u>				TOWN <u>Chance Md</u>			
HOSPITAL OR INSTITUTION OR STREET ADDRESS <u>Died at Home.</u>				STREET ADDRESS (If rural, give location) <u></u>			
3. NAME OF DECEASED: (First) <u>Lucy</u> (Middle) <u></u> (Last) <u>HOLBROOK</u>				4. DATE OF DEATH: (Month) <u>JAN</u> (Day) <u>20</u> (Year) <u>1956</u>			
SEX: <u>Female</u>		6. COLOR OR RACE: <u>Negro</u>		7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): <u>Married</u>		8. DATE OF BIRTH: <u>Dec. 16 - 1904</u>	
9. AGE last birthday: <u>51</u> yrs.		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): <u>Seafood</u>		10b. KIND OF BUSINESS OR INDUSTRY: <u>oyster & crab</u>		11. BIRTHPLACE (State or foreign country): <u>Chance Md</u>	
13. FATHER'S NAME: <u>CHARLES WRIGHT</u>				12. CITIZEN OF WHAT COUNTRY: <u>USA</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u> (If Yes, give war or dates of service) <u></u>				16. SOCIAL SECURITY No.: <u>213-22-7573</u>			
17. INFORMANT & ADDRESS: <u>George Holbrook -</u>							
18. MEDICAL CERTIFICATION							
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:						INTERVAL BETWEEN ONSET AND DEATH	
Immediate cause (a) <u>Pemphigus Vegetans</u>						<u>6 mths</u>	
DUE TO							
Antecedent cause(s) (b) <u></u>							
Diseases or conditions, if any, giving rise to the above cause stating underlying cause last (c) <u></u>							
DUE TO							
II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death. <u></u>							
19a. DATE OF OPERATION:				19b. MAJOR FINDINGS OF OPERATION:			
21. ACCIDENT (Specify) <u>SUICIDE</u>				PLACE (Home, farm, factory, street, office bldg., etc.) <u>INJURY</u>		(CITY OR TOWN) (COUNTY) (STATE)	
TIME (Month) (Day) (Year) (Hour) OF INJURY		INJURY OCCURRED While at work <input type="checkbox"/> Not while at work <input type="checkbox"/>		HOW DID INJURY OCCUR? <u></u>			
22. I hereby certify that I attended the deceased from <u>Aug 19 1955</u> to <u>Jan 20 1956</u> that I last saw the deceased alive on <u>Jan 20 1956</u> , and that death occurred at <u>Jan 21 12:30 PM</u> , from the causes and on the date stated above.							
SIGNATURE <u>Eldon G. Gagnon</u>				DATE SIGNED <u>1-21</u>			
(DEGREE OR TITLE) <u></u>				ADDRESS <u>Princess Anne, Md</u>			
23. BURIAL, CREMATION REMOVAL (Specify) <u>Burial</u>		DATE THEREOF <u>1-22-56</u>		NAME OF CEMETERY OR CREMATORY <u>St Charles Cemetery</u>		LOCATION (City, town, or county) <u>Chance Md</u>	
DATE REC'D BY LOCAL REG. <u>1/28/56</u>		REGISTRAR'S SIGNATURE <u>Lela J. Wheatley</u>		24. FUNERAL DIRECTOR <u>L. Swisher - Deal Beach Md</u>			

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.



RECEIVED
JAN 10 1964
BUREAU OF
INVESTIGATION

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

01018

CERTIFICATE OF DEATH

Reg. Dist. No. 265

Item 2 Fil-C192 2-6-56 at

1. PLACE OF DEATH: <u>Ewell</u>				2. USUAL RESIDENCE (HOME) OF DECEASED:			
COUNTY <u>Somerset</u>		MARYLAND		STATE <u>Maryland</u> COUNTY <u>Somerset</u>			
CITY (If outside corporate limits, write RURAL and give nearest town) <u>Ewell</u>		LENGTH OF STAY (in this place)		CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN <u>EWELL</u>		STREET ADDRESS (If rural, give location) <u>1</u>	
HOSPITAL OR INSTITUTION OR STREET ADDRESS							
3. NAME OF DECEASED: (First) <u>Edward</u> (Middle) <u>Aaron</u> (Last) <u>Jones</u>				4. DATE OF DEATH: <u>Jan. 18</u> 19 <u>56</u>			
5. SEX: <u>M</u>	6. COLOR OR RACE: <u>W</u>	7. <u>SINGLE</u> , MARRIED, WIDOWED, DIVORCED (Specify): <u>married</u>	8. DATE OF BIRTH: <u>Feb. 17, 1883</u>		9. AGE last birthday: <u>72</u> yrs.		10. IF UNDER 1 YEAR: Months Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): <u>waterman</u>		10b. KIND OF BUSINESS OR INDUSTRY: <u>USA</u>		11. BIRTHPLACE (State or foreign country): <u>USA</u>		12. CITIZEN OF WHAT COUNTRY: <u>USA</u>	
13. FATHER'S NAME: <u>Edward Rufus Jones</u>				14. MOTHER'S MAIDEN NAME: <u>Hester Anne Messick</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) <u>no</u>		16. SOCIAL SECURITY No.: <u>no</u>		17. INFORMANT & ADDRESS: <u>Tawes Jones, Ewell, Md (son)</u>			
18. MEDICAL CERTIFICATION							INTERVAL BETWEEN ONSET AND DEATH
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:							
Immediate cause			(a) <u>Pulmonary edema</u>			<u>1 month</u>	
Antecedent cause(s)			DUE TO (b) <u>failure of compensation</u>			<u>2-3 mo.</u>	
Diseases or conditions, if any, giving rise to the above cause stating underlying cause last			DUE TO (c) <u>hypertension, enlarged heart</u>			<u>10 yrs</u>	
II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death. <u>none</u>							
19a. DATE OF OPERATION: <u>—</u>			19b. MAJOR FINDINGS OF OPERATION: <u>none</u>			20. AUTOPSY? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
21. ACCIDENT (Specify)		PLACE (Home, farm, factory, street, OF office bldg., etc.)		(CITY OR TOWN)		(COUNTY) (STATE)	
SUICIDE		HOMICIDE					
TIME (Month) (Day) (Year) (Hour) OF INJURY		INJURY OCCURRED While at work <input type="checkbox"/> Not while at work <input type="checkbox"/>		HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from <u>June, 1953</u> , to <u>Jan. 17, 1956</u> that I last saw the deceased alive on <u>Jan. 17, 1956</u> , and that death occurred at <u>6 A.M.</u> , from the causes and on the date stated above.							
SIGNATURE <u>Barbara Hunt</u>				(DEGREE OR TITLE) ADDRESS <u>M.D. Ewell, Md.</u>		DATE SIGNED <u>Jan. 18, 1956</u>	
23. BURIAL, CREMATION REMOVAL (Specify): <u>Burial</u>		DATE THEREOF <u>1/22/56</u>		NAME OF CEMETERY OR CREMATORY <u>Smith Island Cemetery</u>		LOCATION (City, town, county) <u>Ewell, Md.</u>	
DATE REC'D BY LOCAL REG. <u>1/22/56</u>		REGISTRAR'S SIGNATURE <u>Barbara S. Adams</u>		24. FUNERAL DIRECTOR <u>Bradshaw & Son, Curfords, Md.</u>		ADDRESS	

S. A. TUCKER

1912

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

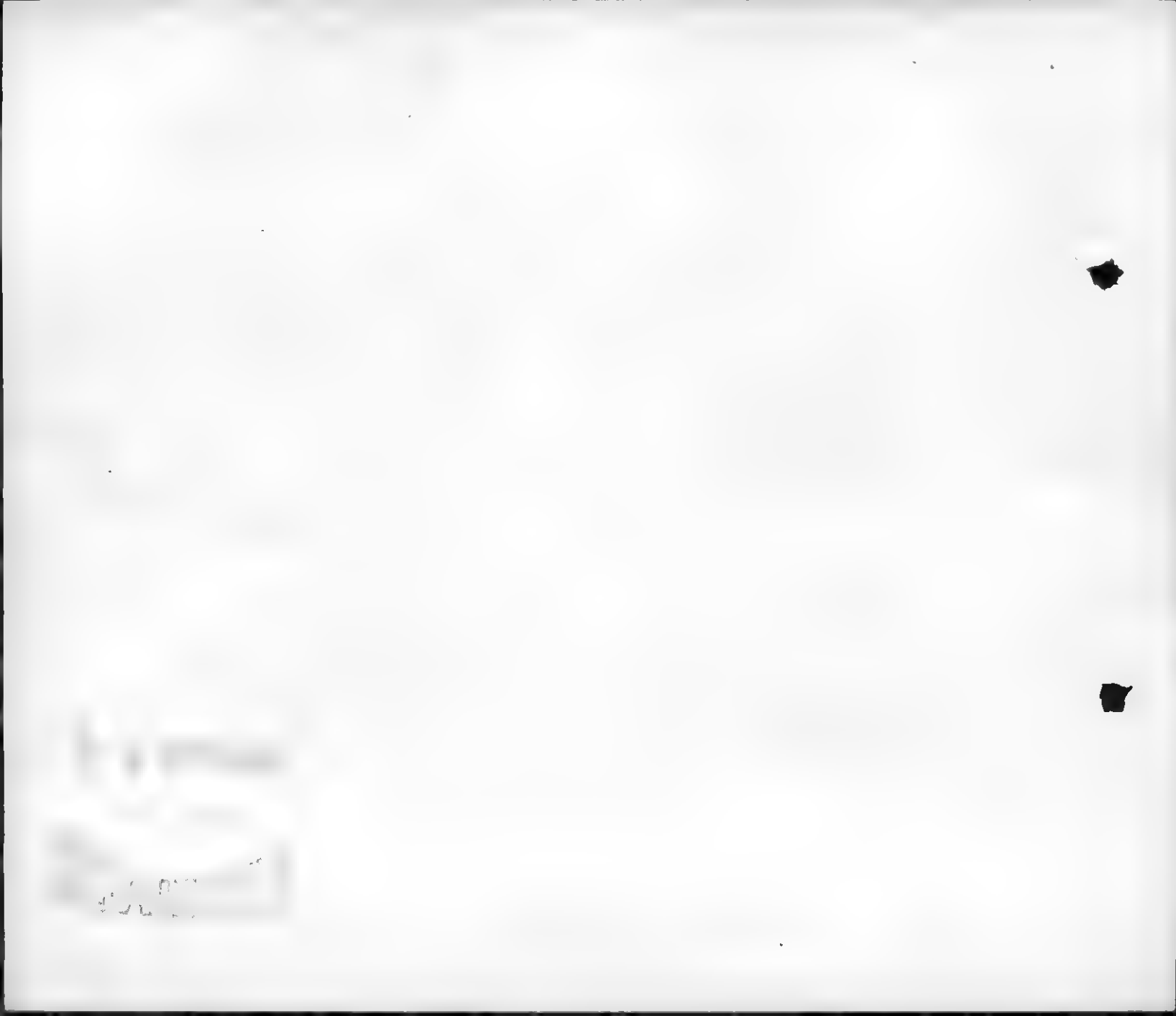
01019

1041

CERTIFICATE OF DEATH

Reg. Dist. No. 265

1 PLACE OF DEATH.		2 USUAL RESIDENCE (HOME) OF DECEASED.	
COUNTY Somerset MARYLAND		STATE Maryland COUNTY Somerset	
CITY (If outside corporate limits, write RURAL and give nearest town) Crisfield		CITY (If outside corporate limits, write RURAL and give nearest town) Crisfield	
HOSPITAL OR INSTITUTION OR STREET ADDRESS McCready Hospital		STREET ADDRESS (If rural give location) 323 Pine St.	
3. NAME OF DECEASED: (First) (Middle) (Last) FRANK UPSHUR JONES		4. DATE (Month) (Day) (Year) OF DEATH January 18 19 56	
5. SEX: Male	6. COLOR OR RACE: White	7. SINGLE MARRIED, WIDOWED, DIVORCED. Married	8. DATE OF BIRTH: July 18, 1870
9. AGE last birthday 85 yrs.		10. IF UNDER 1 YEAR: Months Days Hours Min.	
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Tailor		10B. KIND OF BUSINESS OR INDUSTRY: For Himself	
11. BIRTHPLACE (State or foreign country): Pocomoke City, Maryland		12. CITIZEN OF WHAT COUNTRY? USA	
13. FATHER'S NAME: Francis U. Jones		14. MOTHER'S MAIDEN NAME: Ella Powell	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service)		16. SOCIAL SECURITY NO. 214-32-7241	
17. INFORMANT & ADDRESS: Mrs. Frank U. Jones- 323 Pine St. Crisfield, Md.			
18. MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH	
I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH			
(A) IMMEDIATE CAUSE Acute Dil. of Heart - Premia		1 wk.	
(B) ANTECEDENT CAUSE (S) myocarditis & nephritis		year -	
(C) DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. General Arteriosclerosis		year -	
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.			
19A. DATE OF OPERATION:		19B. MAJOR FINDINGS OF OPERATION	
20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>			
21A. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)		21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)	
21C. WHERE DID (City or town) (County) (State)		21D. TIME (Month) (Day) (Year) (Hour) OF INJURY	
21E. INJURY OCCURRED While <input type="checkbox"/> Not while <input type="checkbox"/> at work <input type="checkbox"/> at work <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from Jan 11, 1956 , to Jan 18, 1956 , that I last saw the deceased alive on Jan 18, 1956 , and that death occurred at 8:00 AM , from the causes and on the date stated above.			
SIGNATURE George B. Broun		DATE SIGNED 1-20-56	
23. BURIAL, CREMATION, REMOVAL (SPECIFY) Burial		DATE THEREOF Jan. 20, 1956	
NAME OF CEMETERY OR CREMATORY Sunnyridge Cemetery		LOCATION (City, town, or county) (State) Crisfield, Maryland	
DATE REC'D BY LOCAL REGISTRAR 1-20-56		REGISTRAR'S SIGNATURE Nellie D. Payne	
24. FUNERAL DIRECTOR Bradshaw & Sons-Crisfield, Md.		ADDRESS	



1042

CERTIFICATE OF DEATH

Reg. Dist. No. 360

1. PLACE OF DEATH:				2. USUAL RESIDENCE (HOME) OF DECEASED:			
COUNTY <u>SOMERSET</u>		MARYLAND		STATE <u>MARYLAND</u> COUNTY <u>SOMERSET</u>			
CITY (If outside corporate limits, write RURAL OR and give nearest town) <u>WESTOVER</u>		LENGTH OF STAY (in this place) <u>LIFE</u>		CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN <u>WESTOVER MD.</u>			
HOSPITAL OR INSTITUTION OR STREET ADDRESS <u>RT 1</u>				STREET ADDRESS (If rural give location)			
3. NAME OF DECEASED: (First) (Middle) (Last) <u>ELIZABETH KING</u>				4. DATE (Month) (Day) (Year) OF DEATH: <u>1/3/56</u> <u>19</u>			
5. SEX: <u>FEMALE</u>	6. COLOR OR RACE: <u>COLORED</u>	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) <u>MARRIED</u>	8. DATE OF BIRTH: <u>?</u>	9. AGE last birthday <u>68</u> yrs.	IF UNDER 1 YEAR Months Days	IF UNDER 24 HRS. Hours Min.	
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): <u>domestic</u>		10B. KIND OF BUSINESS OR INDUSTRY: <u>HOUSE WIFE</u>		11. BIRTHPLACE (State or foreign country): <u>SOMERSET COUNTY, MD.</u>		12. CITIZEN OF WHAT COUNTRY? <u>U S</u>	
13. FATHER'S NAME: <u>JAMES JONES</u>				14. MOTHER'S MAIDEN NAME: <u>LERAH STEWART</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)				15. SOCIAL SECURITY NO.		17. INFORMANT & ADDRESS: <u>JESSIE KING WESTOVER MD. RT. 1.</u>	
16. MEDICAL CERTIFICATION						INTERVAL BETWEEN ONSET AND DEATH	
I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH							
IMMEDIATE CAUSE (A) <u>Uremia</u>						<u>1 week</u>	
ANTECEDENT CAUSE (B) <u>Nephritis</u>						<u>2 months</u>	
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. (C) <u>Cardiac Decompensation</u>						<u>3 weeks</u>	
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH. <u>none</u>							
19A. DATE OF OPERATION: <u>none</u>				19B. MAJOR FINDINGS OF OPERATION			
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>							
21A. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)		21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)		21C. WHERE DID (City or town) INJURY OCCUR?		(County) (State)	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY <u>none</u> M.		21E. INJURY OCCURRED While <input type="checkbox"/> Not while <input type="checkbox"/> at work <input type="checkbox"/> at work <input type="checkbox"/>		21F. HOW DID INJURY OCCUR? <u>none</u>			
22. I hereby certify that I attended the deceased from <u>Dec 31, 1955</u> , to <u>Jan 3, 1956</u> that I last saw the deceased alive on <u>Jan 2, 1956</u> , and that death occurred at <u>10:30 P.M.</u> from the causes and on the date stated above.							
SIGNATURE <u>D. Frank Giganti</u>		ADDRESS <u>M.D. 20 Prince William</u>		DATE SIGNED <u>Jan 5, 1956</u>			
23. BURIAL, CREMATION, REMOVAL (SPECIFY) <u>Burial</u>		DATE THEREOF <u>1/8/56</u>		NAME OF CEMETERY OR CREMATORY <u>Flower Hill</u>		LOCATION (City, town, or county) (State) <u>Eden, MD</u>	
DATE REC'D BY LOCAL REGISTRAR <u>1/6/56</u>		REGISTRAR'S SIGNATURE <u>R. E. Anderson, M.D.</u>		24. FUNERAL DIRECTOR'S SIGNATURE <u>William H. Jones</u>		ADDRESS <u>Princess Anne</u>	

MARGIN RESERVED FOR BINDING

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED

U. S.

1943

CERTIFICATE OF DEATH

Reg. Dist. No. *Has*

1. PLACE OF DEATH COUNTY Somerset MARYLAND CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Crisfield HOSPITAL OR INSTITUTION OR STREET ADDRESS McCreedy Hospital				2. USUAL RESIDENCE (HOME) OF DECEASED STATE Maryland COUNTY Somerset CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Crisfield STREET ADDRESS (If rural give location) Lawsonia Section			
3. NAME OF DECEASED (First) (Middle) (Last) BEATRICE LEE LAWSON (Type or Print)				4. DATE OF DEATH (Month) (Day) (Year) January 11 1956			
5. SEX Female	6. COLOR OR RACE White	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Married	8. DATE OF BIRTH July 13, 1912	9. AGE last birthday 43 yrs.	IF UNDER 1 YEAR Months Days		IF UNDER 24 HRS Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Assembly		10b. KIND OF BUSINESS OR INDUSTRY Cutlery Mfg.		11. BIRTHPLACE (State or foreign country) Crisfield, Md.		12. CITIZEN OF WHAT COUNTRY? USA	
13. FATHER'S NAME James T. Somers				14. MOTHER'S MAIDEN NAME Sadie Lewis			
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unk.) No		16. SOCIAL SECURITY NO. 218-20-6025		17. INFORMANT & ADDRESS Rt. 1-Box 293 Herbert L. Lawson, Jr.--Crisfield, Md.			
I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH							INTERVAL BETWEEN ONSET AND DEATH 5 min
IMMEDIATE CAUSE (A) Carcinoma of larynx							
ANTECEDENT CAUSE(S) DUE TO (B) DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST, DUE TO (C)							
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.							
19a. DATE OF OPERATION Nov 10 1955				19b. MAJOR FINDINGS OF OPERATION Large tumor of larynx			20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>
21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)		21b. PLACE (Home, farm, factory, of injury street, office bldg., etc.)		21c. WHERE DID INJURY OCCUR? (City or town) (County) (State)			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)		21e. INJURY OCCURRED While at work <input type="checkbox"/> Not while at work <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from Dec 16 , 19 55 , to Jan 11 , 19 56 , that I last saw the deceased alive on Jan 11 , 19 56 , and that death occurred at 11:00 A.M. from the causes and on the date stated above. SIGNATURE Barbara S. Lidome ADDRESS (Street, city, town, state) 33 W. Main St Crisfield Md DATE SIGNED 1/12/56							
23. BURIAL, CREMATION, REMOVAL (SPECIFY) Burial		DATE THEREOF Jan. 13, 1956		NAME OF CEMETERY OR CREMATORY Sunnyridge Cemetery		LOCATION (City, town, or county) (State) Crisfield, Md.	
24. REC'D BY REGISTRAR DATE 1/16/56		REGISTRAR'S SIGNATURE Barbara S. Lidome		25. FUNERAL DIRECTOR'S SIGNATURE Bradshaw & Sons--Crisfield, Md.			

INSTRUCTIONS

HOSPITAL: The law requires that the death certificate be filed within 24 hours after death. The bottom copy may be retained by the hospital or attending physician.

TO ATTENDING PHYSICIAN: The law requires that the death certificate be filed with the registrar within 72 hours after death. After this certificate has been executed by the attending physician and completely filled in by the funeral director, the third copy of this death certificate assembly should be detached for use as a burial transit permit.

VS AISC 1-55 10M

THE UNIVERSITY OF CHICAGO

1950

1950

1044

CERTIFICATE OF DEATH

Reg. Dist. No. 265

1. PLACE OF DEATH:				2. USUAL RESIDENCE (HOME) OF DECEASED:			
COUNTY <u>Somerset</u> CITY (If outside corporate limits, write RURAL and give nearest town) <u>Crisfield</u> OR TOWN <u>4 weeks</u> HOSPITAL OR INSTITUTION OR STREET ADDRESS <u>McCready Hospital</u>				STATE <u>Maryland</u> COUNTY <u>Somerset</u> CITY (If outside corporate limits, write RURAL and give nearest town) <u>Crisfield</u> OR TOWN <u>Crisfield</u> STREET ADDRESS (If rural give location) <u>Asbury Ave., Ext.</u>			
3. NAME OF DECEASED:		(First) (Middle) (Last)		4. DATE OF DEATH:		(Month) (Day) (Year)	
(Type or Print) <u>JOHN</u>		<u>NELSON</u> <u>LAWSON</u>		<u>January 30</u>		<u>19 56</u>	
5. SEX:	6. COLOR OR RACE:	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify):	8. DATE OF BIRTH:	9. AGE last birthday:	10. CITIZEN OF WHAT COUNTRY?		
<u>Male</u>	<u>White</u>	<u>married</u>	<u>March 6, 1881</u>	<u>74</u> yrs.	<u>USA</u>		
10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired: <u>waterman</u>				10b. KIND OF BUSINESS OR INDUSTRY: <u>Seafood Industry</u>		11. BIRTHPLACE (State or foreign country): <u>Crisfield, Md.</u>	
13. FATHER'S NAME: <u>Isaac Lawson</u>				14. MOTHER'S MAIDEN NAME: <u>Sarah Ann Sterling</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) <u>No</u>		16. SOCIAL SECURITY No.: (If Yes, give war or dates of service)		17. INFORMANT & ADDRESS: <u>Nelson Lawson--R.F.D. Crisfield, Md.</u>			

18. MEDICAL CERTIFICATION								Interval Between Onset And Death	
1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH									
Immediate cause (a) <u>Cerebral Thrombosis & hemiplegia</u>				DUE TO				<u>28 days</u>	
Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b) <u>Coronary Thrombosis</u>				DUE TO				<u>28 days</u>	
(c) <u>Arterio sclerosis</u>								<u>years.</u>	
11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.									
19a. DATE OF OPERATION:				19b. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
21. ACCIDENT (Specify)		PLACE (Home, farm, factory, street, OF office bldg., etc.)		(CITY OR TOWN)		(COUNTY)		(STATE)	
SUICIDE		INJURY							
TIME (Month) (Day) (Year) (Hour) OF INJURY		INJURY OCCURRED While at Work <input type="checkbox"/> Not While At Work <input type="checkbox"/>		HOW DID INJURY OCCUR?					
22. I hereby certify that I attended the deceased from <u>Nov.</u> , 19 <u>55</u> , to <u>Jan 30</u> , 19 <u>56</u> , that I last saw the deceased alive on <u>Jan 30</u> , 19 <u>56</u> , and that death occurred at <u>2:30 A.M.</u> , from the causes and on the date stated above.									
SIGNATURE <u>W. Krawley M.D.</u>				ADDRESS <u>Crisfield, Md.</u>				DATE SIGNED <u>2/1/56</u>	
23. BURIAL, CREMATION, REMOVAL (Specify)		DATE THEREOF		NAME OF CEMETERY OR CREMATORY		LOCATION (City, town, or county) (State)			
<u>Burial</u>		<u>Feb. 1, 1956</u>		<u>Sunnyridge Cemetery</u>		<u>Crisfield, Md.</u>			
DATE REC'D BY LOCAL REGISTRAR		REGISTRAR'S SIGNATURE		24. FUNERAL DIRECTOR		ADDRESS			
<u>2/1/56</u>		<u>Barbara S. Adams</u>		<u>Bradshaw & Sons</u>		<u>Crisfield, Md.</u>			

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

EX-100

RECEIVED

MARYLAND STATE DEPARTMENT OF HEALTH

01022

1945

CERTIFICATE OF DEATH

FOR MEDICAL EXAMINERS

Reg. Dist. No. 760

1. PLACE OF DEATH- COUNTY <u>Somerset</u> CITY (If outside corporate limits, write RURAL and give nearest town) <u>Manokin</u> TOWN <u>Manokin</u> HOSPITAL OR INSTITUTION OR STREET ADDRESS		2. USUAL RESIDENCE (HOME) OF DECEASED- STATE <u>Maryland</u> COUNTY <u>Somerset</u> CITY (If outside corporate limits, write RURAL and give nearest town) <u>Manokin</u> OR TOWN <u>Manokin</u> STREET ADDRESS (If rural, give location)	
3. NAME OF DECEASED (Type or Print) (First) (Middle) (Last) <u>Stanley J. Lease</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>Jan. 1 1956</u>	
5. SEX <u>male</u>	6. COLOR OR RACE <u>white</u>	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) <u>Married</u>	8. DATE OF BIRTH <u>March 27, 1891</u>
9. AGE last birthday <u>64</u> yrs.		10. BIRTHPLACE (State or foreign country) <u>Maryland</u>	
11. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>farming</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13. FATHER'S NAME <u>Garrett Lease</u>		14. MOTHER'S MAIDEN NAME <u>Ella Lease</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>no</u>		16. SOCIAL SECURITY No. <u>219-05-3054</u>	
17. INFORMANT <u>Mrs Ethal Lease Manokin, Md.</u>		18. MEDICAL CERTIFICATION	
1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		INTERVAL BETWEEN ONSET AND DEATH	
Immediate cause <u>(a) Shock and exposure</u>		<u>?</u>	
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last <u>(b) Fell into a deep ditch was there</u>			
<u>(c) several hours</u>			
11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION	
20. AUTOPSY? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>			
21. EXTERNAL CAUSE WAS PRIMARY <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH.		PLACE (Home, farm, factory, street, office bldg., etc.) INJURY	
TIME (Month) (Day) (Year) (Hour) OF INJURY <u>Dec 31, 1955</u> m.		INJURY OCCURRED While at work <input type="checkbox"/> Not while at work <input checked="" type="checkbox"/>	
HOW DID INJURY OCCUR? <u>Fell into a drainage road ditch</u>			
22. I certify that I took charge of the remains described above, held an Autopsy <input checked="" type="checkbox"/> Inspection <input checked="" type="checkbox"/> Inquiry <input checked="" type="checkbox"/> thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes <input type="checkbox"/> , accident <input type="checkbox"/> , suicide <input type="checkbox"/> , homicide <input type="checkbox"/> , undetermined <input checked="" type="checkbox"/> . SIGNATURE (Degree or title) <u>Dr. William M.D. Medical Examiner</u> ADDRESS <u>Jan. 3, 1956</u> DATE SIGNED			
23. BURIAL, CREMATION REMOVAL (Specify) <u>Burial</u>		DATE THEREOF <u>1-4-1956</u>	
NAME OF CEMETERY OR CREMATORY <u>Quinton Cemetery</u>		LOCATION (City, town, or county) (State) <u>Coston, Maryland</u>	
DATE REC'D BY LOCAL REG. <u>1/3/56</u>		24. FUNERAL DIRECTOR <u>Teris R. Wilson</u> Princess Anne, Maryland	

BUNNELL V. S.

JAN 4



INSTRUCTIONS
 The law requires that the death certificate be executed within **24 hours** after death.
 The bottom copy may be retained by the hospital or attending physician.
TO ATTENDING PHYSICIAN
 The law requires that the death certificate be filed with the registrar within **72 hours** after death. After this certificate has been executed by the attending physician and completely filled in by the funeral director, the third copy of this death certificate assembly should be detached for use as a burial transit permit.

VS A15C 1-55 10M

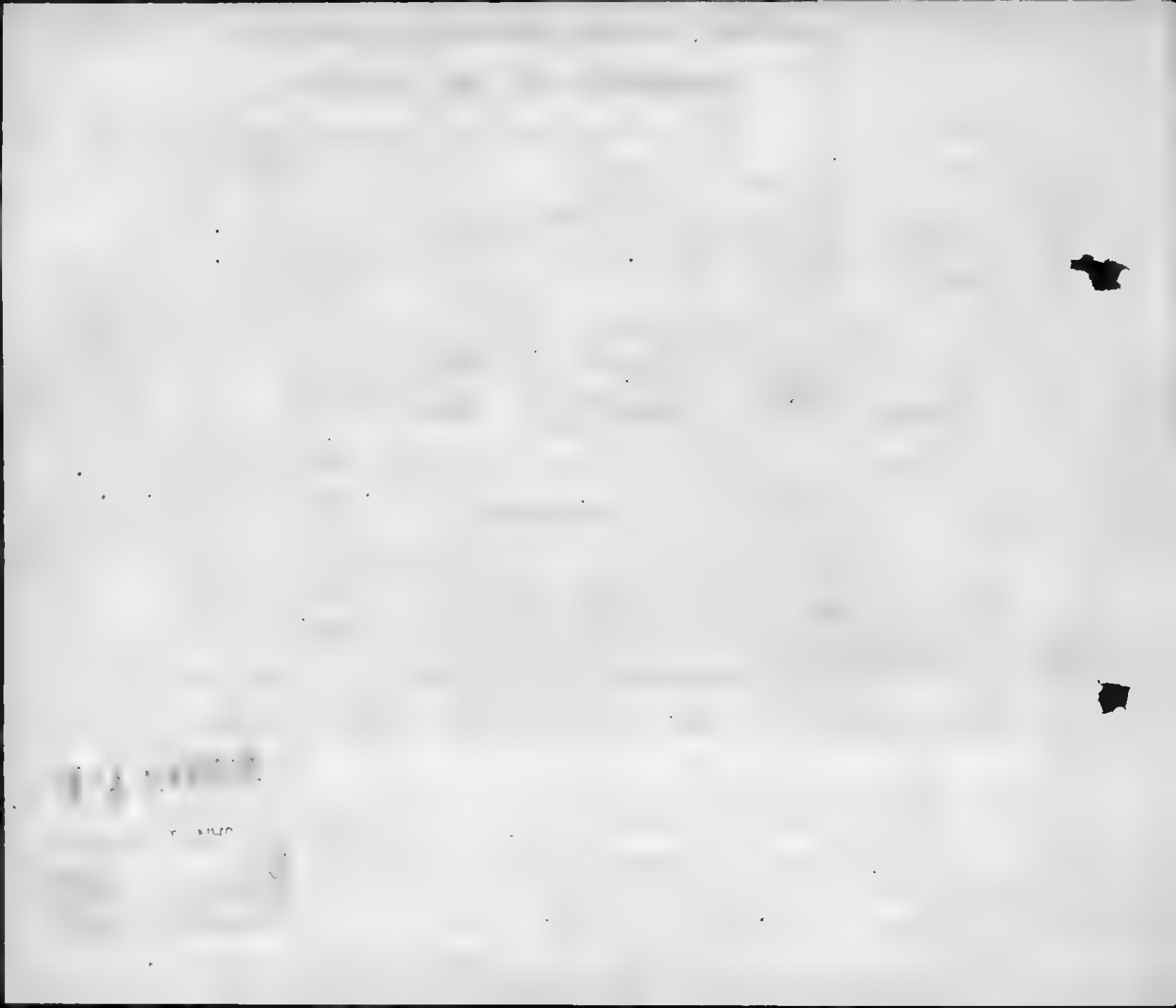
MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

01023

CERTIFICATE OF DEATH

Reg. Dist. No. *265*

1. PLACE OF DEATH				2. USUAL RESIDENCE (HOME) OF DECEASED			
COUNTY <i>Somerset</i>		MARYLAND		STATE <i>Maryland</i>		COUNTY <i>Somerset</i>	
CITY (If outside corporate limits, write RURAL and give nearest town)		LENGTH OF STAY (in this place)		CITY (If outside corporate limits, write RURAL and give nearest town)			
TOWN <i>Crisfield</i>		<i>lifetime</i>		TOWN <i>Crisfield</i>			
HOSPITAL OR INSTITUTION OR STREET ADDRESS <i>130 Maryland Ave.</i>				STREET ADDRESS (If rural give location) <i>130 Maryland Ave.</i>			
3. NAME OF DECEASED (Type or Print)				4. DATE OF DEATH			
(First) <i>LILLIAN</i> (Middle) <i>IRINE</i> (Last) <i>LEWIS</i>				(Month) <i>January</i> (Day) <i>5</i> (Year) <i>1956</i>			
5. SEX <i>Female</i>	6. COLOR OR RACE <i>White</i>	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) <i>Married</i>	8. DATE OF BIRTH <i>February 2, 1903</i>		9. AGE last birthday <i>52</i> yrs.	IF UNDER 1 YEAR Months Days	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>Canning inspector Tomato Cannery</i>			10b. KIND OF BUSINESS OR INDUSTRY <i>Tomato Cannery</i>		11. BIRTHPLACE (State or foreign country) <i>Crisfield, Maryland</i>		12. CITIZEN OF WHAT COUNTRY? <i>USA</i>
13. FATHER'S NAME <i>Irving Adams</i>				14. MOTHER'S MAIDEN NAME <i>Emily Somers</i>			
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unk.) <i>no</i>		16. SOCIAL SECURITY NO. <i>212-16-1371</i>		17. INFORMANT & ADDRESS <i>William E. Lewis-- 130 Maryland Ave. Crisfield, Md.</i>			
I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH						18. MEDICAL CERTIFICATION	
IMMEDIATE CAUSE (A)						INTERVAL BETWEEN ONSET AND DEATH	
ANTECEDENT CAUSE(S) DUE TO							
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST.							
DUE TO							
DUE TO							
DUE TO							
11. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.							
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION					
21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)		21b. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)		21c. WHERE DID INJURY OCCUR? (City or town) (County) (State)			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour)		21e. INJURY OCCURRED White <input type="checkbox"/> Not white <input type="checkbox"/> M. <input type="checkbox"/> at work <input type="checkbox"/> Not at work <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from 19 to 19 that I last saw the deceased alive on 19 and that death occurred at 19 from the causes and on the date stated above.							
SIGNATURE <i>W. H. Houlbourn</i>				ADDRESS (Street, city, town, state) <i>Crisfield, Md.</i>		DATE SIGNED <i>Jan 6-1956</i>	
23. BURIAL, CREMATION, REMOVAL (SPECIFY) <i>Burial</i>		DATE THEREOF <i>Jan. 7, 1956</i>		NAME OF CEMETERY OR CREMATORY <i>Crisfield Cemetery</i>		LOCATION (City, town, or county) <i>Crisfield, Md.</i>	
24. REC'D BY REGISTRAR		REGISTRAR'S SIGNATURE <i>Barbara J. Adams</i>		25. FUNERAL DIRECTOR'S SIGNATURE <i>Bradshaw & Sons--Crisfield, Md.</i>			
DATE <i>1/9/56</i>							



CERTIFICATE OF DEATH

Reg. Dist. No. 365

1. PLACE OF DEATH.

COUNTY Somerset MARYLAND
 CITY (If outside corporate limits, write RURAL and give nearest town) Crisfield
 OR TOWN Crisfield LENGTH OF STAY (in this place) 2 weeks

HOSPITAL OR INSTITUTION OR STREET ADDRESS McCready Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:

STATE Maryland COUNTY Somerset
 CITY (If outside corporate limits, write RURAL and give nearest town) Crisfield
 OR TOWN Crisfield

STREET ADDRESS (If rural give location) 314 Main St.

3. NAME OF DECEASED:

(First) AUSTIN (Middle) JAMES (Last) LOREMAN, SR.
 (Type or Print)

4. DATE (Month) (Day) (Year)
 OF DEATH: January 20 19 56

5. SEX

Male

6. COLOR OR RACE:

White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)

Widowed

8. DATE OF BIRTH:

March 8, 1882

9. AGE last birthday:

73 yrs.

IF UNDER 1 YEAR: IF UNDER 24 HRS.

Months Days Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Manager

10B. KIND OF BUSINESS OR INDUSTRY:

Gas & Oil Distributor

11. BIRTHPLACE (State or foreign country):

Crisfield, Maryland

12. CITIZEN OF WHAT COUNTRY?

USA

13. FATHER'S NAME:

James F. Loreman

14. MOTHER'S MAIDEN NAME:

Elestine Eliza Tawes

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)

No

16. SOCIAL SECURITY No.

216-05-3764

17. INFORMANT & ADDRESS:

314 Main St.
Austin J. Loreman, Jr.—Crisfield, Md.

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

IMMEDIATE CAUSE

(A)

DUE TO

Coronary Thrombosis

ANTECEDENT CAUSE (B)

(B)

DUE TO

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST.

(C)

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

INTERVAL BETWEEN ONSET AND DEATH

3 wks.

19A. DATE OF OPERATION:

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)

21B. PLACE (Home, farm, factory, of INJURY street, office bldg., etc.)

21C. WHERE DID (City or town) (County) (State)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED While ☐ Not while ☐ at work ☐ at work ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Jan 5, 1956, to Jan 20, 1956, that I last saw the deceased

alive on Jan 20, 1956, and that death occurred at

M, from the causes and on the date stated above.

SIGNATURE

De R. Hawley

M. D.

ADDRESS

Crisfield, Md.

DATE

1/23/56

23. BURIAL, CREMATION, REMOVAL (SPECIFY)

Burial

DATE THEREOF

Jan. 23, 1956

NAME OF CEMETERY OR CREMATORY

Sunnyridge Cemetery

LOCATION (City, town, or county) (State)

Crisfield, Md.

DATE REC'D BY LOCAL REGISTRAR

1/23/56

REGISTRAR'S SIGNATURE

Barbara S. Adams

24. FUNERAL DIRECTOR

Bradshaw & Sons—Crisfield, Md.

ADDRESS

5 1 10000

10000

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1947
MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18
MEDICAL EXAMINER'S CERTIFICATE OF DEATH

Reg. Dist. 01025
No. 260

1. PLACE OF DEATH:				2. USUAL RESIDENCE (HOME) OF DECEASED:			
COUNTY Somerset		MARYLAND		STATE Maryland		COUNTY Somerset	
CITY (If outside corporate limits, write RURAL OR and give nearest town)		LENGTH OF STAY (in this place)		CITY (If outside corporate limits write RURAL and give nearest town)		OR TOWN Lower Fairmount	
TOWN Lower Fairmount		18 yrs.		STREET ADDRESS		(If rural, give location)	
HOSPITAL OR INSTITUTION OR STREET ADDRESS							
3. NAME OF DECEASED:		(First)		(Middle)		(Last)	
(Type or Print)		Talbot		C.		Miles	
5. SEX:		6. COLOR OR RACE:		7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify):		8. DATE OF BIRTH:	
Male		Col.		Married		Mar. 14, 1891	
9. AGE last birthday:		10. KIND OF BUSINESS OR INDUSTRY:		11. BIRTHPLACE (State or foreign country):		12. CITIZEN OF WHAT COUNTRY?	
64 yrs.				Westover, Md. - Somerset Co. U.S.A.		U.S.A.	
10a. USUAL OCCUPATION (Give kind of work done during most of work life, even if retired):				10b. KIND OF BUSINESS OR INDUSTRY:			
Seafood							
13. FATHER'S NAME:				14. MOTHER'S MAIDEN NAME:			
John Miles				Harriett Cottman			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.)				16. SOCIAL SECURITY No.:		17. INFORMANT & ADDRESS:	
yes (If Yes, give war or dates of service)				219-03-5918		Mrs. Susie Miles- Lower Fairmount, Md.	
18. MEDICAL CERTIFICATION							
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:						INTERVAL BETWEEN ONSET AND DEATH	
Immediate cause (a) Acute coronary heart disease						minutes	
DUE TO							
Antecedent cause(s) (b) Diseases or conditions, if any, giving rise to the above cause							
DUE TO							
stating underlying cause last (c)							
II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.							
19a. DATE OF OPERATION:				19b. MAJOR FINDING OF OPERATION:			
2							
21a. EXTERNAL CAUSE WAS PRIMARY <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH.		21b. PLACE (Home, farm, factory, OF street, office bldg., etc., INJURY		21c. (City or town)		(County)	
						(State)	
21d. TIME (Month) (Day) (Year) (Hour) OF INJURY		21e. INJURY OCCURRED While at work <input type="checkbox"/> Not while at work <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?			
22. I hereby certify that I took charge of the remains described above, held an Autopsy <input type="checkbox"/> , Inspection <input checked="" type="checkbox"/> , Inquiry <input checked="" type="checkbox"/> , and find that death resulted from: Natural causes <input checked="" type="checkbox"/> , Accident <input type="checkbox"/> , Suicide <input type="checkbox"/> , Homicide <input type="checkbox"/> , Undetermined cause <input type="checkbox"/> .							
SIGNATURE				DATE SIGNED			
R. J. Jackson M.D.				Jan 11-56			
23. BURIAL, CREMATION, REMOVAL (Specify):		DATE THEREOF		NAME OF CEMETERY OR CREMATORY		LOCATION (City, town, or county) (State)	
Burial		1/15/56		John Wesley		Westover, Md. Somerset Co.	
DATE REC'D BY LOCAL REG.		REGISTRAR'S SIGNATURE		24. FUNERAL DIRECTOR		ADDRESS	
1/11/56		R. J. Jackson, M.D.		Charles H. Ward		Marion Sta. Md.	

85



1048

CERTIFICATE OF DEATH

Reg. Dist. No. 265

1. PLACE OF DEATH:				2. USUAL RESIDENCE (HOME) OF DECEASED:			
COUNTY <u>Somerset</u>		MARYLAND		STATE <u>Maryland</u>		COUNTY <u>Somerset</u>	
CITY (If outside corporate limits, write RURAL OR and give nearest town)		LENGTH OF STAY (in this place)		CITY (If outside corporate limits, write RURAL and give nearest town)		OR TOWN	
<input checked="" type="checkbox"/> TOWN <u>Crisfield</u>		<u>9 days</u>		<u>Crisfield</u>		(If rural give location)	
HOSPITAL OR INSTITUTION OR STREET ADDRESS <u>McCready Hospital</u>				STREET ADDRESS <u>Hall Highway</u>			
3. NAME OF DECEASED: (First) (Middle) (Last)				4. DATE OF DEATH: (Month) (Day) (Year)			
<u>WILLIAM PAUL RIGGIN, SR.</u>				<u>January 30 1956</u>			
5. SEX: <u>Male</u>		6. COLOR OR RACE: <u>White</u>		7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) <u>Married</u>		8. DATE OF BIRTH: <u>Nov. 22, 1893</u>	
9. AGE last birthday: <u>62</u> yrs.		10. MONTHS <u>62</u>		11. BIRTHPLACE (State or foreign country): <u>Crisfield, Md.</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>	
10a. USUAL OCCUPATION: Give kind of work done during most of working life, even if retired: <u>Grocer</u>				10b. KIND OF BUSINESS OR INDUSTRY: <u>Wholesale Grocery</u>			
13. FATHER'S NAME: <u>John Riggin</u>				14. MOTHER'S MAIDEN NAME: <u>Nancy Matthews</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service) <u>No</u>				16. SOCIAL SECURITY No.: <u>215-05-5723</u>			
17. INFORMANT & ADDRESS: <u>Hall Highway</u>				18. MEDICAL CERTIFICATION			
19a. DATE OF OPERATION:				19b. MAJOR FINDINGS OF OPERATION			
20. AUTOPSY? <input type="checkbox"/> Yes <input type="checkbox"/> No				Interval Between Onset And Death			
21. ACCIDENT SUICIDE HOMICIDE (Specify)				PLACE (Home, farm, factory, street, OF office bldg., etc.)			
TIME (Month) (Day) (Year) (Hour) OF INJURY				INJURY OCCURRED While at Work <input type="checkbox"/> Not While At Work <input type="checkbox"/>			
HOW DID INJURY OCCUR?				22. I hereby certify that I attended the deceased from <u>Jan. 16, 1956</u> , to <u>Jan. 30, 1956</u> , that I last saw the deceased alive on <u>Jan. 27, 1956</u> , and that death occurred at <u>2:40 P.M.</u> , from the causes and on the date stated above.			
SIGNATURE <u>David M. Peyton</u>				DATE SIGNED <u>2/1/56</u>			
ADDRESS <u>Crisfield, Md.</u>				23. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>			
DATE THEREOF <u>Feb. 1, 1956</u>				NAME OF CEMETERY OR CREMATORY <u>Sunnyridge Cemetery</u>			
LOCATION (City, town, or county) <u>Crisfield, Md.</u>				(State) <u>Md.</u>			
DATE RECD BY LOCAL REGISTRAR <u>2-1-56</u>				REGISTRAR'S SIGNATURE <u>Barbara J. Adams</u>			
24. FUNERAL DIRECTOR <u>Bradshaw & Sons—Crisfield, Md.</u>				ADDRESS			

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct are is especially important. Physicians: please write the causes of death clearly and legibly.

AMERICAN

1967

10/1/67

1

INSTRUCTIONS

TO ATTENDING PHYSICIAN

The bottom copy may be retained by the hospital or attending physician.

TO FUNERAL DIRECTOR:

The law requires that the death certificate be filed with the registrar within 72 hours after death. After this certificate has been executed by the attending physician and completely filled in by the funeral director, the third copy of this death certificate assembly should be detached for use as a burial transit permit.

VS AISC 1-55 '0M

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

CERTIFICATE OF DEATH

01027

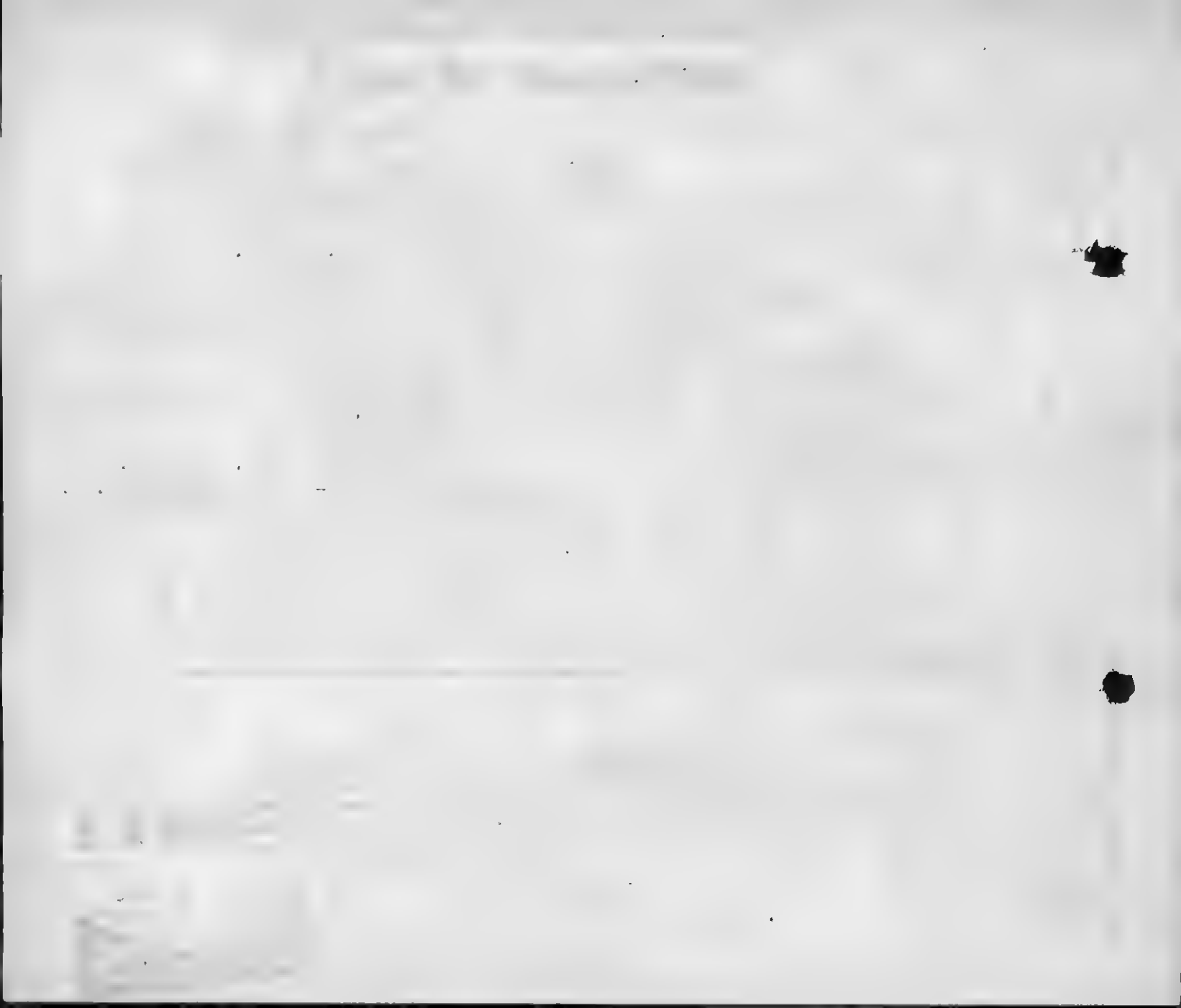
Reg. Dist. No. ... 45

1. PLACE OF DEATH				2. USUAL RESIDENCE (HOME) OF DECEASED			
COUNTY <u>Somerset</u>		STATE <u>Maryland</u>		COUNTY <u>Somerset</u>			
CITY (If outside corporate limits, write RURAL and give nearest town)		LENGTH OF STAY (in this place)		CITY (If outside corporate limits, write RURAL and give nearest town)			
TOWN <u>Crisfield</u>		<u>3 days</u>		TOWN <u>Crisfield</u>			
HOSPITAL OR INSTITUTION OR STREET ADDRESS <u>McCready Hospital</u>				STREET ADDRESS (If rural give location) <u>115 S. 4th St.</u>			
3. NAME OF DECEASED (Type or Print)				4. DATE OF DEATH			
(First) <u>GEORGE</u>		(Middle) <u>EDWARD</u>		(Last) <u>ROUNDS</u>		(Month) (Day) (Year) <u>January 13 1956</u>	
5. SEX <u>Male</u>	6. COLOR OR RACE <u>Colored</u>	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) <u>Married</u>	8. DATE OF BIRTH <u>March 4, 1877</u>	9. AGE last birthday <u>78</u> yrs	IF UNDER 1 YEAR	IF UNDER 24 HRS.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Laborer</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Seafood Industry</u>		11. BIRTHPLACE (State or foreign country) <u>Crisfield, Maryland</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>	
13. FATHER'S NAME <u>Unknown</u>				14. MOTHER'S MAIDEN NAME <u>Annie Adkins</u>			
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unk.) <u>No</u>		16. SOCIAL SECURITY NO.		17. INFORMANT & ADDRESS <u>Walter Rounds-- Atlantic City, N. J.</u>			
18. MEDICAL CERTIFICATION				INTERVAL BETWEEN ONSET AND DEATH			
I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH							
IMMEDIATE CAUSE (A) <u>Respiratory Failure</u>				<u>2 hours</u>			
ANTECEDENT CAUSE(S) DUE TO (B) <u>Cerebral Hemorrhage</u>				<u>6 days</u>			
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. DUE TO (C)							
11 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDIT ON CAUSING DEATH.							
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
21a. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)		21b. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc)		21c. WHERE DID INJURY OCCUR? (City or town) (County) (State)			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) M. <input type="checkbox"/> Not while at work <input type="checkbox"/>		21e. INJURY OCCURRED While at work <input type="checkbox"/> Not while at work <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from <u>Jan. 7, 1956</u> , to <u>Jan. 13, 1956</u> , that I last saw the deceased alive on <u>Jan. 13, 1956</u> , and that death occurred at <u>11 A.M.</u> from the causes and on the date stated above.							
SIGNATURE <u>A. N. Barr</u>				ADDRESS (Street, city, town, state) <u>Crisfield, Md</u>		DATE SIGNED <u>1/17/56</u>	
23. BURIAL, CREMATION, REMOVAL (SPECIFY) <u>Burial</u>		DATE THEROF <u>Jan. 16, 1956</u>		NAME OF CEMETERY OR CREMATORY <u>Lawsonia Cemetery</u>		LOCATION (City, town, or county) (State) <u>Crisfield, Maryland</u>	
24. REC'D BY REGISTRAR		REGISTRAR'S SIGNATURE <u>Barbara S. Adams</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Bradshaw & Sons--Crisfield, Md.</u>			
DATE <u>1/30/56</u>							

1. The law requires that the death certificate be filed with the registrar within 72 hours after death. After this certificate has been executed by the attending physician and completely filled in by the funeral director, the third copy of this death certificate assembly should be detached for use as a burial transit permit.

2. The bottom copy may be retained by the hospital or attending physician.

3. TO FUNERAL DIRECTOR: The law requires that the death certificate be filed with the registrar within 72 hours after death. After this certificate has been executed by the attending physician and completely filled in by the funeral director, the third copy of this death certificate assembly should be detached for use as a burial transit permit.



1

INSTRUCTIONS

TO ATTENDING PHYSICIAN

The bottom copy may be retained by the hospital or attending physician.

FUNERAL DIRECTOR: The law requires that the death certificate be filed with the registrar within 72 hours after death. After this certificate has been executed by the attending physician and completely filled in by the funeral director, the third copy of this death certificate assembly should be detached for use as a burial transit permit.

VS 15C 1-55 10M

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

01028

CERTIFICATE OF DEATH

Reg. Dist. No. 265

1. PLACE OF DEATH				2. USUAL RESIDENCE (HOME) OF DECEASED			
COUNTY Somerset		MARYLAND		STATE Maryland		COUNTY Somerset	
CITY (If outside corporate limits, write RURAL or end give nearest town)		LENGTH OF STAY (In this place)		CITY (If outside corporate limits, write RURAL and give nearest town)			
X TOWN Crisfield				TOWN Ewell			
HOSPITAL OR INSTITUTION OR STREET ADDRESS				STREET ADDRESS (If rural give location)			
McCready Hospital				Smith Island			
3. NAME OF DECEASED (Type or Print)				4. DATE OF DEATH			
(First) (Middle) (Last)				(Month) (Day) (Year)			
INFANT SMITH				January 4 19 56			
5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH	9. AGE last birthday	IF UNDER 1 YEAR		IF UNDER 24 HRS
Male	White	Single	January 4, 1956	0 yrs.	Months	Days	Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country)		12. CITIZEN OF WHAT COUNTRY?	
None		None		Crisfield, Maryland		USA	
13. FATHER'S NAME				14. MOTHER'S MAIDEN NAME			
Harold Smith				Patsy Evans			
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unk.)		16. SOCIAL SECURITY NO.		17. INFORMANT & ADDRESS			
No		None		Ewell Clarence Evans-- Smith Island, Md.			
I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH				18. MEDICAL CERTIFICATION			
IMMEDIATE CAUSE (A)				INTERVAL BETWEEN ONSET AND DEATH			
Arrest of Anterior Shoulder				5 minutes			
ANTECEDENT CAUSE(S) DUE TO							
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE							
STATING UNDERLYING CAUSE LAST. DUE TO							
(C)							
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.							
Obesity of mother (229 lbs.)							
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY?			
				YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
21a. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)		21b. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)		21c. WHERE DID INJURY OCCUR? (City or town) (County) (State)			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour)		21e. INJURY OCCURRED White <input type="checkbox"/> Not white <input type="checkbox"/> M. <input type="checkbox"/> at work <input type="checkbox"/> Not at work <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from Jan 4, 1956, to Jan 4, 1956, that I last saw the deceased alive on Jan 4, 1956, and that death occurred at 2:20 P.M. from the causes and on the date stated above.							
SIGNATURE				ADDRESS (Street, city, town, state)		DATE SIGNED	
A. N. Ban				Crisfield, Md.		Jan 6, 1956	
23. BURIAL, CREMATION, REMOVAL (SPECIFY)		DATE THEREOF		NAME OF CEMETERY OR CREMATORY		LOCATION (City, town, or county) (State)	
Burial		Jan. 6, 1956		Ewell Cemetery		Ewell, Maryland	
24. REC'D BY REGISTRAR		REGISTRAR'S SIGNATURE		25. FUNERAL DIRECTOR'S SIGNATURE		ADDRESS	
DATE 1/9/56		Barbara J. Adams		Bradshaw & Sons--Crisfield, Md.			



CERTIFICATE OF DEATH

Reg. Dist. No. 265

1. PLACE OF DEATH				2. USUAL RESIDENCE (HOME) OF DECEASED			
COUNTY <u>Somerset</u> MARYLAND				STATE <u>Maryland</u> COUNTY <u>Somerset</u>			
CITY (If outside corporate limits, write RURAL and give nearest town) <u>Crisfield</u>				CITY If outside corporate limits, write RURAL and give nearest town) <u>Crisfield</u>			
OR TOWN <u>Crisfield</u>				OR TOWN <u>Crisfield</u>			
HOSPITAL OR INSTITUTION OR STREET ADDRESS <u>McCreedy Hospital</u>				STREET ADDRESS (If rural give location) <u>Somerset & Chesapeake Aves.</u>			
3. NAME OF DECEASED: (First) <u>HARRIETT</u> (Middle) <u>ANN</u> (Last) <u>SOMERS</u>				4. DATE (Month) (Day) (Year) OF DEATH: <u>January 22 1956</u>			
5. SEX: <u>Female</u>		6. COLOR OR RACE: <u>White</u>		7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): <u>Single</u>		8. DATE OF BIRTH: <u>January 25, 1873</u>	
				9. AGE last birthday: <u>82</u> yrs		10. IF UNDER 1 YEAR: Months Days Hours Min.	
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): <u>None</u>				10B. KIND OF BUSINESS OR INDUSTRY: <u>None</u>		11. BIRTHPLACE (State or foreign country): <u>Crisfield, Maryland</u>	
						12. CITIZEN OF WHAT COUNTRY? <u>USA</u>	
13. FATHER'S NAME: <u>Sidney B. Somers</u>				14. MOTHER'S MAIDEN NAME: <u>Adelia Sterling</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) <u>No</u> (If Yes, give war or dates of service)				16. SOCIAL SECURITY NO. <u>None</u>		17. INFORMANT & ADDRESS: <u>Somerset & Chesapeake Miss Gertrude Somers- Crisfield, Md.</u>	
18. MEDICAL CERTIFICATION							
I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH						INTERVAL BETWEEN ONSET AND DEATH	
IMMEDIATE CAUSE (A) <u>Acute Myocardial Failure</u>						<u>2 mo</u>	
ANTECEDENT CAUSE (B) <u>Atherosclerosis</u>						<u>years</u>	
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. (C) <u>Passive Congestion of dependent parts - Pericardial Effusion - Fracture of Hip</u>						<u>1 yr -</u>	
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.							
19A. DATE OF OPERATION: <u>2</u>				19B. MAJOR FINDINGS OF OPERATION			
20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>							
21A. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)		21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.		21C. WHERE DID (City or town) (County) (State) INJURY OCCUR?			
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED While <input type="checkbox"/> Not while <input type="checkbox"/> at work <input type="checkbox"/> at work <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from <u>Aug</u> , 1955, to <u>Jan. 22, 1956</u> , that I last saw the deceased alive on <u>Jan. 21</u> , 1956, and that death occurred at <u>5 A.M.</u> , from the causes and on the date stated above.							
SIGNATURE <u>Sarah M. Peyton</u>		ADDRESS <u>M.D. Crisfield, Md.</u>		DATE SIGNED <u>1-25-56</u>			
23. BURIAL, CREMATION, REMOVAL (SPECIFY) <u>Burial</u>		DATE THEREOF <u>Jan. 24, 1956</u>		NAME OF CEMETERY OR CREMATORY <u>Crisfield Cemetery</u>		LOCATION (City, town, or county) (State) <u>Crisfield, Maryland</u>	
DATE REC'D BY LOCAL REGISTRAR <u>1/24/56</u>		REGISTRAR'S SIGNATURE <u>Barbara L. Adams</u>		24. FUNERAL DIRECTOR ADDRESS <u>Bradshaw & Sons--Crisfield, Md.</u>			

MARGIN RESERVED FOR BINDING

VS. A15 - 10 - 53

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

DOMINGO A. B.

1912

CERTIFICATE OF DEATH

Reg. Dist. No. 265

1. PLACE OF DEATH:

COUNTY Somerset

MARYLAND

CITY (If outside corporate limits, write RURAL OR and give nearest town) Crisfield LENGTH OF STAY (in this place) 8 days

HOSPITAL OR INSTITUTION OR STREET ADDRESS

McCready Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:

STATE MarylandCOUNTY SomersetCITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Crisfield

STREET ADDRESS (If rural give location)

Mohanson's Creek Rd.

3. NAME OF DECEASED:

(First)

(Middle)

(Last)

(Type or Print)

CHARLESEDWARDSTERLING

4. DATE OF DEATH:

(Month)

(Day)

(Year)

January 31 19 56

5. SEX:

6. COLOR OR RACE:

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)

8. DATE OF BIRTH:

9. AGE last birthday: IF UNDER 1 YEAR IF UNDER 24 HRS.

MaleWhitemarriedApril 1, 188471 yrs. Months Days Hours Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired.

Waterman

10b. KIND OF BUSINESS OR INDUSTRY:

Seafood Industry

11. BIRTHPLACE (State or foreign country):

Crisfield, Md.

12. CITIZEN OF WHAT COUNTRY?

USA

13. FATHER'S NAME:

Jerome Sterling

14. MOTHER'S MAIDEN NAME:

Josephine Sterling

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)

No

16. SOCIAL SECURITY No.:

17. INFORMANT & ADDRESS:

Johnson's Creek Rd.Mrs. Lydia Nelson Sterling—Crisfield, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause

(a) DUE TO

Cerebral Thrombosis & hemiplegia

Antecedent causes (s)

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.

(b) DUE TO

Arterio-sclerosis

(c)

Interval Between Onset And Death

5 days.years.

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE

(Specify)

PLACE (Home, farm, factory, street, OF office bldg., etc.)

(CITY OR TOWN)

(COUNTY)

(STATE)

TIME (Month) (Day) (Year) (Hour) OF INJURY m.

INJURY OCCURRED While at Work ☐ Not While At Work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Dec 8, 1955 to Jan 31, 1956, that I last saw the deceased alive on Jan 31, 1956, and that death occurred at 11 A.M., from the causes and on the date stated above.

SIGNATURE

(Degree or title)

ADDRESS

DATE SIGNED

C. Hawley M.D.Crisfield, Md.2/2/56

23. BURIAL, CREMATION, REMOVAL (Specify)

DATE THEREOF

NAME OF CEMETERY OR CREMATORY

LOCATION (City, town, or county)

(State)

DATE REC'D BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

24. FUNERAL DIRECTOR

ADDRESS

2-2-56Barbara S. AdamsBradshaw & Sons—Crisfield, Md.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED
FEB 1 1960
BUREAU V. S.

CERTIFICATE OF DEATH

Reg. Dist. No.

01030

265

1953

1. PLACE OF DEATH				2. USUAL RESIDENCE (HOME) OF DECEASED			
COUNTY SOMERSET		STATE MARYLAND		COUNTY SOMERSET			
CITY (If outside corporate limits, write RURAL and give nearest town) Crisfield		LENGTH OF STAY (in this place) 4 weeks		CITY (If outside corporate limits, write RURAL and give nearest town) Crisfield			
HOSPITAL OR INSTITUTION OR STREET ADDRESS McCready Hospital				STREET ADDRESS (If rural give location) 201 Myrtle St.			
3. NAME OF DECEASED (Type or Print) BENJAMIN TAYLOR				4. DATE OF DEATH January 16 19 56			
5. SEX Male	6. COLOR OR RACE White	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Widowed	8. DATE OF BIRTH June 12, 1879	9. AGE last birthday 76 yrs.	IF UNDER 1 YEAR Months Days		IF UNDER 24 HRS. Hours M'n.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Bridge Tender		10b. KIND OF BUSINESS OR INDUSTRY City of Crisfield		11. BIRTHPLACE (State or foreign country) Accomack County, Virginia		12. CITIZEN OF WHAT COUNTRY? USA	
13. FATHER'S NAME John Taylor				14. MOTHER'S MAIDEN NAME Mary Frances Parrott			
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unk.) No		16. SOCIAL SECURITY NO. 214-03-5104		17. INFORMANT & ADDRESS J. Willard Taylor-- 201 Myrtle St. Crisfield, Md.			
I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH				18. MEDICAL CERTIFICATION			
IMMEDIATE CAUSE (A) Cardiac Failure				INTERVAL BETWEEN ONSET AND DEATH 6 hours			
ANTECEDENT CAUSE(S) DUE TO DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. (B) Aplastic Anemia				10 mo.			
(C) Undetermined Cause							
11 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.							
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
21a. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH (If either, notify medical examiner)		21b. PLACE (Home, farm, factory, of INJURY street, office bldg., etc.)		21c. WHERE DID INJURY OCCUR? (City or town) (County) (State)			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (M.)		21e. INJURY OCCURRED While <input type="checkbox"/> at work Not while <input type="checkbox"/> of work		21f. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from March 4, 19 55 , to Jan 16, 19 56 , that I last saw the deceased alive on Jan 16, 19 56 , and that death occurred at 3 P.M. from the causes and on the date stated above.							
SIGNATURE A. N. Bar				ADDRESS (Street, city, town, state) Crisfield, Md.		DATE SIGNED 1/17/56	
23. BURIAL, CREMATION, REMOVAL (SPECIFY) Burial		DATE THEREOF Jan. 18, 1956		NAME OF CEMETERY OR CREMATORY St. Paul's Cemetery		LOCATION (City, town, or county) (State) Marion Station, Md.	
24. REC'D BY REGISTRAR DATE 1/30/56		REGISTRAR'S SIGNATURE Barbara J. Adams		25. FUNERAL DIRECTOR'S SIGNATURE Bradshaw & Sons--Crisfield, Md.			

INSTRUCTIONS

THE ATTENDING PHYSICIAN: The law requires that the death certificate be completed within 24 hours after death. The bottom copy may be retained by the hospital or attending physician.

TO FUNERAL DIRECTOR: The law requires that the death certificate be filed with the registrar within 72 hours after death. After this certificate has been executed by the attending physician and completely filled in by the funeral director, the third copy of this death certificate assembly should be detached for use as a burial transit permit.

VS AISC 1-55 10M



PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1034
MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18
MEDICAL EXAMINER'S CERTIFICATE OF DEATH

01010
Reg. Dist.

No. 260

1. PLACE OF DEATH:		2. USUAL RESIDENCE (HOME) OF DECEASED:	
COUNTY <u>Somerset</u>	MARYLAND	STATE <u>Maryland</u>	COUNTY <u>Somerset</u>
CITY (If outside corporate limits, write RURAL OR and give nearest town) TOWN <u>Eden</u>	LENGTH OF STAY (in this place) <u>all life</u>	CITY (If outside corporate limits write RURAL and give nearest town) TOWN <u>Eden</u>	
HOSPITAL OR INSTITUTION OR STREET ADDRESS		STREET ADDRESS (If rural, give location) <u>Route 1</u>	
3. NAME OF DECEASED: (Type or Print)		4. DATE OF DEATH	
(First) (Middle) (Last) <u>Ernest James Christopher</u>		(Month) (Day) (Year) <u>Jan 3 1956</u>	
5. SEX: <u>Male</u>	6. COLOR OR RACE: <u>Colored</u>	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) <u>Married</u>	8. DATE OF BIRTH: <u>?</u>
9. AGE last birthday: <u>53</u> yrs.		IF UNDER 1 YEAR: Months Days Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of work life, even if retired): <u>Laborer</u>		10b. KIND OF BUSINESS OR INDUSTRY: <u>Mill</u>	
11. BIRTHPLACE (State or foreign country): <u>Eden Md Somerset Co</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13. FATHER'S NAME: <u>James Christopher</u>		14. MOTHER'S MAIDEN NAME: <u>Flournoie Waters</u>	
15. Was DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)		16. SOCIAL SECURITY No.:	
		17. INFORMANT & ADDRESS: <u>Mary Christopher Eden Md.</u>	

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:		INTERVAL BETWEEN ONSET AND DEATH
420.1 Immediate cause (a) <u>Acute Coronary Occlusion</u> DUE TO		
Antecedent cause(s) (b) <u>Chronic Myocarditis</u> DUE TO		<u>2 year</u>
Diseases or conditions, if any, giving rise to the above cause stating underlying cause last (c) <u>Hypertension</u>		<u>2 years</u>
II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.		
19a. DATE OF OPERATION:	19b. MAJOR FINDING OF OPERATION:	20. AUTOPSY? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
21a. EXTERNAL CAUSE WAS PRIMARY <input type="checkbox"/> or CONTRIBUTING CAUSE OF DEATH <input type="checkbox"/>	21b. PLACE (Home, farm, factory, OF street, office bldg., etc., INJURY	21c. (City or town) (County) (State)
21d. TIME (Month) (Day) (Year) (Hour) OF INJURY	21e. INJURY OCCURRED While at work <input type="checkbox"/> Not while at work <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?
22. I hereby certify that I took charge of the remains described above, held an Autopsy <input type="checkbox"/> , Inspection <input checked="" type="checkbox"/> , Inquiry <input checked="" type="checkbox"/> , and find that death resulted from: Natural causes <input checked="" type="checkbox"/> , Accident <input type="checkbox"/> , Suicide <input type="checkbox"/> , Homicide <input type="checkbox"/> , Undetermined cause <input type="checkbox"/> .		
SIGNATURE <u>R.D. Johnson</u>		CHIEF MEDICAL EXAMINER <input type="checkbox"/> DATE SIGNED DEPUTY MEDICAL EXAMINER <input type="checkbox"/> M. D. ASSISTANT MEDICAL EXAM. <input checked="" type="checkbox"/> <u>Jan 5-56</u>
23. BURIAL, CREMATION, REMOVAL (Specify): <u>Burial</u>	DATE THEREOF <u>1-8-56</u>	NAME OF CEMETERY OR CREMATORY <u>Flower Hill Cem.</u>
LOCATION (City, town, or county) (State) <u>Eden, Md.</u>	24. FUNERAL DIRECTOR <u>William H. James Jr. Funeral Home, Eden, Md.</u>	ADDRESS
DATE REC'D BY LOCAL REG. <u>1/6/56</u>	REGISTRAR'S SIGNATURE <u>R.D. Johnson, M.D.</u>	

9661 9 JAN
 BUREAU V. S.

RECEIVED
JAN 9 1956
BUREAU V. S.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1054
MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18
MEDICAL EXAMINER'S CERTIFICATE OF DEATH No. 760

01031
Reg. Dist.

1. PLACE OF DEATH:		2. USUAL RESIDENCE (HOME) OF DECEASED:	
COUNTY <u>Somerset</u>	MARYLAND	STATE <u>Maryland</u>	COUNTY <u>Somerset</u>
CITY (If outside corporate limits, write RURAL OR and give nearest town) TOWN <u>Princess Anne</u>		CITY (If outside corporate limits write RURAL and give nearest town) OR TOWN <u>Princess Anne - Md.</u>	
HOSPITAL OR INSTITUTION OR STREET ADDRESS		STREET ADDRESS (If rural, give location)	
3. NAME OF DECEASED: (Type or Print)		4. DATE OF DEATH	
(First) <u>William</u> (Middle) <u>E</u> (Last) <u>White</u>		(Month) <u>Jan</u> (Day) <u>28</u> (Year) <u>1956</u>	
5. SEX: <u>Male</u>	6. COLOR OR RACE: <u>W</u>	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): <u>Married</u>	8. DATE OF BIRTH: <u>Sept 29, 1899</u>
9. AGE last birthday: <u>56</u> yrs.		10. BIRTHPLACE (State or foreign country): <u>Princess Anne, Md.</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of work life, even if retired): <u>Boatman</u>		10b. KIND OF BUSINESS OR INDUSTRY: <u>Boatman</u>	
11. BIRTHPLACE (State or foreign country): <u>Princess Anne, Md.</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13. FATHER'S NAME: <u>William E. White</u>		14. MOTHER'S MAIDEN NAME: <u>Sarah Hayman</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.): <u>No</u>		16. SOCIAL SECURITY No.: <u>Robert White Princess Anne</u>	
17. INFORMANT & ADDRESS: <u>Robert White Princess Anne</u>			

18. MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH <u>20 Min.</u>
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:		
Immediate cause (a) <u>Acute coronary heart disease</u>		
DUE TO		
Antecedent cause(s) (b) <u>was dead when I saw him</u>		
Diseases or conditions, if any, giving rise to the above cause (c) <u>stating underlying cause last</u>		
DUE TO		
II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.		
19a. DATE OF OPERATION:	19b. MAJOR FINDING OF OPERATION:	20. AUTOPSY? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
21a. EXTERNAL CAUSE WAS PRIMARY <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH.	21b. PLACE (Home, farm, factory, OF street, office bldg., etc., INJURY	21c. (City or town) (County) (State)
21d. TIME (Month) (Day) (Year) (Hour) OF INJURY	21e. INJURY OCCURRED While at work <input type="checkbox"/> Not while at work <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?
22. I hereby certify that I took charge of the remains described above, held an Autopsy <input type="checkbox"/> , Inspection <input checked="" type="checkbox"/> , Inquiry <input checked="" type="checkbox"/> , and find that death resulted from: Natural causes <input checked="" type="checkbox"/> , Accident <input type="checkbox"/> , Suicide <input type="checkbox"/> , Homicide <input type="checkbox"/> , Undetermined cause <input type="checkbox"/> .		
SIGNATURE <u>R. E. Johnson</u>		CHIEF MEDICAL EXAMINER <input type="checkbox"/> DATE SIGNED <u>Jan. 30-56</u> DEPUTY MEDICAL EXAMINER <input type="checkbox"/> M. D. ASSISTANT MEDICAL EXAM. <input type="checkbox"/>
23. BURIAL, CREMATION, REMOVAL (Specify): <u>Burial</u>	DATE THEREOF <u>2/2/56</u>	NAME OF CEMETERY OR CREMATORY <u>John Wesley Cem.</u>
LOCATION (City, town, or county) (State) <u>Princess Anne, Maryland</u>	24. FUNERAL DIRECTOR <u>William H. James</u>	ADDRESS <u>Princess Anne</u>
DATE REC'D BY LOCAL REG. <u>2/2/56</u>	REGISTRAR'S SIGNATURE <u>R. E. Johnson, M.D.</u>	

BUREAU V. S.

FEB 6 1955

RECEIVED